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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 708046

1. Corporation Name

WEDGWOOD ARMS CONDOMINIUM APARTMENTS, OF DELRAY BEACH INC.

Principal Place of Business

235 N.E. 6H AVE.  
 DELRAY BEACH FL 33483

Mailing Address

235 N.E. 6H AVE.  
 DELRAY BEACH FL 33483



2. Principal Place of Business

21 Wedgwood Arms Condo.

Suite, Apt. #, etc.

22 201 Venetian Drive

City & State

23 Delray Beach, Fl.

Zip Country

24 33483

25 U.S.A.

2a. Mailing Address

26 ~~XXXXXX~~ ProCAM Mgmt.

Suite, Apt. #, etc.

27 P.O. Box 3097

City & State

28 Boynton Beach, Fl.

Zip Country

29 33424

30 U.S.A.

3. Date Incorporated or Qualified

11/03/1964

4. FEI Number

22-0809906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GALLUP, M.J.  
~~235 NE 6TH AVENUE, SUITE D~~  
~~DELRAY BEACH FL 33483~~

10. Name and Address of New Registered Agent

81 Name **F. J. GERECITANO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **8881 E THURGOOD Circle**  
 83  
 84 City **BOYNTON BEACH** FL 85 Zip Code **33436**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

4-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COSTELLO, PETER	
STREET ADDRESS	201 VENETIAN DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIDERFIN, JULIE	
STREET ADDRESS	201 VENETIAN DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, CHARLES	
STREET ADDRESS	201 VENETIAN DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Costello, Peter	
1.3 STREET ADDRESS	201 Venetian Drive	
1.4 CITY-ST-ZIP	Delray Beach, Fl. 33483	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Costello, Fran	
2.3 STREET ADDRESS	201 Venetian Drive	
2.4 CITY-ST-ZIP	Delray Beach, Fl. 33483	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Powers, Jerry	
3.3 STREET ADDRESS	201 Venetian Drive, Unit 6	
3.4 CITY-ST-ZIP	Delray Beach, Fl. 33483	
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Herlong, Pam	
4.3 STREET ADDRESS	201 Venetian Drive, Unit 2	
4.4 CITY-ST-ZIP	Delray Beach, Fl. 33483	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the Receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

*[Signature]* REGISTERED AGENT  
 COSTELLO, PETER

4/20/99

561 278-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)