

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90027 047 ****61.25

DOCUMENT # 708046

1. Entity Name

WEDGWOOD ARMS CONDOMINIUM APARTMENTS, OF DELRAY

Principal Place of Business

Mailing Address

WEDGEWOOD ARMS CONDO.
 201 VENETIAN DRIVE
 DELRAY BEACH FL 33483

PROCAM MGMT.
 PO BOX 3097
 BOYNTON BEACH FL 33424-3097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-0809906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERECITANO, F.J.
 88818 THUMBLAND CIR.
 BOYNTON BEACH FL 33436

Name **Gerecitano, F.J.**
 Street Address (P.O. Box Number is Not Acceptable) **8887-B Thumbwood Circle**
 City **Boynton Beach** **FL** Zip Code **33424-3097**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	COSTELLO, PETER	
STREET ADDRESS	201 VENETIAN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COSTELLO, FRAN	
STREET ADDRESS	201 VENETIAN DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWERS, JERRY	
STREET ADDRESS	201 VENETIAN DR, UNIT 6	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERLONG, PAM	
STREET ADDRESS	201 VENETIAN DR, UNIT 2	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costello, Pete	
STREET ADDRESS	201 Venetian Drive	
CITY-ST-ZIP	Delray Beach, Fl: 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances Costello* **FRANCES COSTELLO** **4-24-00** **561-278-0977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)