

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

0051298

DOCUMENT # 708046

1. Entity Name

WEDGWOOD ARMS CONDOMINIUM APARTMENTS, OF DELRAY

04-17-2001 90071 029 ****61.25

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

2. Principal Place of Business

3. Mailing Address

201 Venitian Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

City & State

City & State
 Delray Beach, Fl. 33483

4. FEI Number

22-0809906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERECITANO, F.J.
 8887-B THUMBWOOD CIRCLE
 BOYNTON BEACH FL 33424-3097

Name
 Fran Costello

Street Address (P.O. Box Number is Not Acceptable)
 201 Venitian Drive #4

City
 Delray Beach

FL

Zip Code
 33483

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 *Frances C. Costello, Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

April 11, 2001

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	COSTELLO, PETER	201 VENETIAN DRIVE #4	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	COSTELLO, FRAN	201 VENETIAN DR #4	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	POWERS, JERRY	201 VENETIAN DR, UNIT 6	DELRAY BCH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	HERLONG, PAM	201 VENETIAN DR, UNIT 2	DELRAY BEACH FL 33483	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 C. Costello* **FRANCES E. COSTELLO** 4-11-01 561-278-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)