

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# 708046

**Entity Name:** WEDGWOOD ARMS CONDOMINIUM APARTMENTS, OF DELRAY BEACH INC.

**Current Principal Place of Business:**

WEDGEWOOD ARMS CONDO.  
201 VENETIAN DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

WEDGEWOOD ARMS CONDO.  
201 VENETIAN DRIVE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 22-0809906      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTELLO, FRAN  
201 VENETIAN DR #4  
DELRAY BEACH, FL 33483      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: COSTELLO, PETER  
Address: 201 VENETIAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DTS      ( ) Delete  
Name: COSTELLO, FRAN  
Address: 201 VENETIAN DR UNIT 4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVP      ( ) Delete  
Name: BROWN, ROBERT  
Address: 201 VENETIAN DR UNIT 6  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES E. COSTELLO

DTS

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date