



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90012 026 ****61.25

DOCUMENT # 731312					
1. Entity Name WEDGEWOOD CONDOMINIUMS OF BEACON WOODS, INCORPORATED					
Principal Place of Business 5401 S KIRKMAN RD, SUITE 450 NEW PORT RICHEY, FL 34652		Mailing Address 7625 LITTLE RD, SUITE 315 NEW PORT RICHEY, FL 34654		<p>40101323</p>  <p>04222008 Chg-NP CR2E037 (12/06)</p> <p>4. FEI Number 59-1594267 Applied For Not Applicable</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>	
2. Principal Place of Business - No P.O. Box # 10014 Grove Dr		3. Mailing Address			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.			
City & State Port Richey, FL		City & State			
Zip 34668	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT PROFESSIONALS WEST INC. 7625 LITTLE RD, SUITE 315 NEW PORT RICHEY, FL 34654			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
10014 Grove Dr. Ste. C Port Richey, FL 34668					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Michael Small</u>		SIGNATURE <u>[Signature]</u>		DATE <u>4/22/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME SANGSTER, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Thomas Maulow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 Grove Dr Ste C	CITY-ST-ZIP Port Richey, FL	
TITLE SD	NAME FINK, ED	<input type="checkbox"/> Delete	TITLE D	NAME GEORGE HEIDELMEYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 GROVE DR STE C	CITY-ST-ZIP PORT RICHEY, FL	
TITLE PD	NAME MULLER, SYLVESTER	<input type="checkbox"/> Delete	TITLE D	NAME William Szymanski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 Grove Dr Ste C	CITY-ST-ZIP Port Richey, FL 34668	
TITLE VD	NAME BRUNS, FRANCIS	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Donald Andriuzzo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 Grove Dr Ste C	CITY-ST-ZIP Port Richey, FL 34668	
TITLE TD	NAME BLOOM, THELMA	<input checked="" type="checkbox"/> Delete	TITLE VD	NAME WHITELAW, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 Grove Dr Ste C	CITY-ST-ZIP NEW PORT RICHEY, FL 34652	
TITLE D	NAME WHITELAW, ROBERT	<input type="checkbox"/> Delete	TITLE VD	NAME WHITELAW, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5901 US 19 N, STE 7Q	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		STREET ADDRESS 10014 Grove Dr Ste C	CITY-ST-ZIP NEW PORT RICHEY, FL 34668	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u>		SIGNATURE: <u>SYLVESTER W. MULLER</u>		DATE: <u>4/23/08</u>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	