

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 JAN 21 AM 11:48

**DOCUMENT # 752516**

1. Corporation Name

WedgeWood Villas Condominium Owners' Association  
, INC.

JM  
1-28

2. Principal Office Address - No P.O. Box #

535 70th Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

Zip

34217

Country

USA

Zip

Country

**REINSTATEMENT** 97-01

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/80

5. FEI Number

59-2122445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brian P. Hogan

Street Address (P.O. Box Number is Not Acceptable)

535 70th Street

Suite, Apt. #, Etc.

City

Holmes Beach

State

FL

Zip Code

34217

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Brian P. Hogan*  
REGISTERED AGENT MUST SIGN

Date 1/16/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Nancy Martindale	112 Windsong Drive	Doylestown, PA 18901
VP	Clarence Marhefka	5 Crest Drive	Westford, MA 01886
S/T	Brian Hogan	535 70th Street	Holmes Beach, FL 34217

400141665464  
01/21/09--01030--018 \*\*805.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Brian Hogan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN HOGAN

5/20/09

Date

941-778-2841

Daytime Phone #

*Wedgewood Villas Condominium Owners' Association Inc.*

January 20, 2009

To: Florida Department of State  
Corporation Reinstatement

From: Brian P. Hogan  
Sect./Trs., Wedgewood Villas Condominium Owners' Assoc.

Re: Corporate Reinstatement

Per my conversation this AM with Mr. Andy Dunlap of your department, I enclose:

1. Document #752516
2. A check for \$805.00 to cover all required fees plus a certificate of status.

My thanks in advance for your expeditious attention to this matter.

*BPHogan*