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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N13276

1. Corporation Name

WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

% LANG MANAGEMENT CO.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

Mailing Address

% LANG MANAGEMENT CO.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/03/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2536287

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG MANAGEMENT CO.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLOCK, RICHARD	
STREET ADDRESS	7560 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	YUDKIN, MYRON	
STREET ADDRESS	7504 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERKOWITZ, RONALD	
STREET ADDRESS	7551 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEINERMAN, IRENE	
STREET ADDRESS	7496 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, BERNARD	
STREET ADDRESS	7504 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEINERMAN, MARSHAL	
1.3 STREET ADDRESS	7496 REXFORD RD	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YUDKIN, MYRON	
2.3 STREET ADDRESS	7504 REXFORD RD	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERKOWITZ, RONALD	
3.3 STREET ADDRESS	7551 REXFORD RD	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BALIS, JOHN	
4.3 STREET ADDRESS	7480 REXFORD RD	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
5.1 TITLE	2VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BERTUCH, HENRI	
5.3 STREET ADDRESS	7456 REXFORD RD.	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD BERKOWITZ

Date: 3/11/99

Daytime Phone #: 408 1366

CR2E037 (11/98)