

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90031 045 \*\*\*\*70.00

**DOCUMENT # N13276**

1. Entity Name

**WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIAT**

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

% Lang Management Co.  
Suite, Apt. #, etc.  
21045 Commercial Trl

City & State  
Boca Raton, FL

Zip  
33486

Country

3. Mailing Address

% Lang Management Co.  
Suite, Apt. #, etc.  
21045 Commercial Trl

City & State  
Boca Raton, FL

Zip  
33486

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2536287

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Lang Management Company

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

21045 Commercial Trail

City

Boca Raton

FL

Zip Code

33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-23-01

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINERMAN, MARSHAL 7496 REXFORD RD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YUDKIN, MYRON 7504 REXFORD RD. BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERKOWITZ, RONALD 7551 REXFORD RD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINERMAN, IRENE 7496 REXFORD RD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, BERNARD 7504 REXFORD RD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BERTUCH, HENRI 7456 REXFORD RD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arthur Adler 7464 Rexford Rd Boca Raton, FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Marshall Weinerman 7496 Rexford Rd Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Martin Mann 7527 Rexford Rd Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Henri Bertuch 7456 Rexford Rd Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Barry Schwartz 7543 Rexford Rd Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01

4878412

CR2E037 (10/00)