

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90041 007 ****70.00

DOCUMENT # N13276

1. Entity Name

WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO
21045 COMMERCIAL TRL
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO
21045 COMMERCIAL TRL
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON ,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME ADLER, ARTHUR
STREET ADDRESS 7464 REXFORD RD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE 1VPD ☐ Delete
NAME SCHWARTZ, BARRY
STREET ADDRESS 7543 REXFORD RD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VPD ☒ Delete
NAME BERTUCH, RHOD A
STREET ADDRESS 7456 REXFORD RD.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Paula Brovender
CITY-ST-ZIP 7488 Rexford Rd
Boca Raton, FL 33434

TITLE SD ☐ Delete
NAME LIPKIN, WALTER
STREET ADDRESS 7567 REXFORD RD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ZALKOWITZ, ROBERT
STREET ADDRESS 7440 REXFORD RD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06

RECEIVED

FEB 13 2006