

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAR 10 PM 8:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N20581 (7)**  
1. Corporation Name  
**WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**343 HEATHERPOINT DRIVE  
LAKELAND FL 33809**

Mailing Address  
**343 HEATHERPOINT DRIVE  
LAKELAND FL 33809**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified  
**05/11/1987**

3a. Date of Last Report  
**05/01/1994**

4. FBI Number  
**59-2721337**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

**9. Name and Address of Current Registered Agent**

**ONDRA, MARILOU L.  
343 HEATHERPOINT DRIVE  
LAKELAND FL 33809**

**10. Name and Address of New Registered Agent**

**81** Name  
**MARILOU L. ONDRA**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**343 HEATHERPOINT DR.**

**83**

**84** City  
**LAKELAND**

**85** Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **V**  
**NAME** **SHELBY, JOHN**  
**STREET ADDRESS** **757 ROCKINGHAM ST.**  
**CITY-ST-ZIP** **LAKELAND FL**

**TITLE** **PD**  
**NAME** **DEN REUS, FRANCIS**  
**STREET ADDRESS** **4004 DERBY DR.**  
**CITY-ST-ZIP** **LAKELAND FL**

**TITLE** **SD**  
**NAME** **ELLIOTT, CAROL**  
**STREET ADDRESS** **414 HEATHERPOINT DR.**  
**CITY-ST-ZIP** **LAKELAND FL 33809**

**TITLE** **T**  
**NAME** **ONDRA, MARILOU L.**  
**STREET ADDRESS** **343 HEATHERPOINT DR**  
**CITY-ST-ZIP** **LAKELAND FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** **PD** ☐ Change ☐ Addition  
**1.2 NAME** **Sylvia garl**  
**1.3 STREET ADDRESS** **415 Heatherpoint dr.**  
**1.4 CITY-ST-ZIP** **Lakeland, Florida 33809**

**2.1 TITLE** **VICE** ☐ Change ☐ Addition  
**2.2 NAME** **Carol Elliott**  
**2.3 STREET ADDRESS** **414 Heatherpoint dr.**  
**2.4 CITY-ST-ZIP** **Lakeland, FL. 33809**

**3.1 TITLE** **SD** ☐ Change ☐ Addition  
**3.2 NAME** **Kay Shelby**  
**3.3 STREET ADDRESS** **757 rockingham st.**  
**3.4 CITY-ST-ZIP** **Lakeland, FL 33809**

**4.1 TITLE** **T** ☐ Change ☐ Addition  
**4.2 NAME** **marilou L. Ondra**  
**4.3 STREET ADDRESS** **343 Heatherpoint dr.**  
**4.4 CITY-ST-ZIP** **Lakeland, FL. 33809**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 addressee.

**SIGNATURE:**

**MariLou L. Ondra**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARILOU L. ONDRA**

**3-7-95**

Date

**(43)  
853-1155**  
Daytime Phone #