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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20581**

(7)

1. Corporation Name

WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**343 HEATHERPOINT DRIVE
LAKELAND FL 33809**

**343 HEATHERPOINT DRIVE
LAKELAND FL 33809**

3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Marilou L. Ondra

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

343 Heatherpoint Dr

83

Lakeland Fl 33809

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

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

TITLE **PD** ☐ DELETE

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

TITLE **VPSO** ☐ DELETE

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

TITLE **T** ☐ DELETE

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

TITLE **PD** ☐ DELETE

NAME **GARL, SYLVIA**
STREET ADDRESS **415 HEATHERPOINT DR.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** ☐ DELETE

NAME **SHELBY, KAY**
STREET ADDRESS **757 ROCKINGHAM ST.**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pres. ,

**Peggy wWeaver
623 Rockingham Rd.
Lakeland Fl**

**V Sylvia Garl
415 Heatherpoint Dr.
Lakeland Fl.**

**Secretary
Kay Shelby
757 Rockingham Rd.
Lakeland, Fl**

**Treas.
Marilou Ondra
343 Heatherpoint Dr
Lakeland, Fl.**

**SD joan wolf
4128 Chelsea Lane
Lakeland Fl.**

**SD Margaret Waibel
439 Heatherpoint Dr.
Lakelandx Fl**

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)(k), 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.

SIGNATURE:

Marilou L. Ondra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-96

Date

(941) 853-1155

Daytime Phone #

CR2E037 (12/95)