

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90104 004 ****61.25

DOCUMENT# N20581

1. Entity Name

WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

623 ROCKINGHAM RD.
 LAKE LAND FL 33809

623 ROCKINGHAM RD.
 LAKE LAND FL 33809

LUU12040

2. Principal Place of Business

3. Mailing Address

841 ROCKINGHAM RD

841 ROCKINGHAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE LAND FL

City & State

LAKE LAND, FL

4. FEI Number

59-2721337

Applied For

Not Applicable

Zip
 33809

Country
 POLK

Zip
 33809

Country
 POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEAVER, PEGGY J
 623 ROCKINGHAM RD.
 LAKE LAND FL 33809

7. Name and Address of New Registered Agent

Name
 KATRINA BARCELLONA

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

City
 LAKE LAND

FL

Zip Code
 33809

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/15/01

DATE

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
 TD
 NAME
 WEAVER, PEGGY
 STREET ADDRESS
 623 ROCKINGHAM ROAD
 CITY-ST-ZIP
 LAKE LAND FL 33809 ☒ Delete

TITLE
 PD
 NAME
 SAFRIT, JERRY
 STREET ADDRESS
 742 ROCKINGHAM ROAD
 CITY-ST-ZIP
 LAKE LAND FL 33809 ☐ Delete

TITLE
 SD
 NAME
 SHELBY, KAY
 STREET ADDRESS
 757 ROCKINGHAM RD
 CITY-ST-ZIP
 LAKE LAND FL 33809 ☐ Delete

TITLE
 VPD
 NAME
 DOWERS, WAYNE
 STREET ADDRESS
 4013 CHELSEA DR.
 CITY-ST-ZIP
 LAKE LAND FL 33809 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 TD
 NAME
 KATRINA BARCELLONA
 STREET ADDRESS
 841 ROCKINGHAM ROAD
 CITY-ST-ZIP
 LAKE LAND, FL 33809 ☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 MARILOU ONDRA
 343 HEATHERPOINT DRIVE
 LAKE LAND, FL 33809 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-06-01

Daytime Phone #

863-
 858-0508

CR2E037 (10/00)