

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90033 011 ****61.25

DOCUMENT # N35975

1. Entity Name

**THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**6230 BISCAYNE BLVD.
GREENACRES FL 33463**

Mailing Address

**C/O CMC MANAGEMENT
2994 JOG RD., SUITE B
GREENACRES FL 33467
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0183464

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

**CMC MANAGEMENT
2994 JOG RD., SUITE B
GREENACRES FL 33467**

Name

Scot A. Gerrish

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

c/o CMC Management, Inc.

2994 Jog Road, Suite B

City

Greenacres

FL

Zip Code

33467

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]

Scot A. Gerrish

Feb 16, 2004

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, 2004**

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
NAME ROBERTS, JOHN T
STREET ADDRESS 6223 POND STREET COURT
CITY-ST-ZIP GREENACRES FL 33463 ☐ Delete

TITLE IVP
NAME Anthony Soldano
STREET ADDRESS 3527 Millbrook Way Circle
CITY-ST-ZIP Greenacres, FL 33463 ☐ Change ☒ Addition

TITLE 1VPD
NAME BUJWIT, MARY ANN
STREET ADDRESS 3517 WESTMINSTER DR
CITY-ST-ZIP GREEN ACRES FL 33463 ☒ Delete

TITLE SD
NAME Ivan Holsapple
STREET ADDRESS 6113 Pond Tree Court
CITY-ST-ZIP Greenacres, FL 33463 ☐ Change ☒ Addition

TITLE SD
NAME CLEMENTS, KEN
STREET ADDRESS 6215 POND STREET COURT
CITY-ST-ZIP GREENACRES FL 33463 ☒ Delete

TITLE TD
NAME Nancy Forsburg
STREET ADDRESS 3511 Millbrook Way Circle
CITY-ST-ZIP Greenacres, FL 33463 ☐ Change ☒ Addition

TITLE TD
NAME EMERT, FLENN
STREET ADDRESS 3510 MILLBROOK WAY CIR
CITY-ST-ZIP GREENACRES FL 33463 ☐ Delete

TITLE 2VPD
NAME EMERT, GLENN
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE 2VPD
NAME SWIVELY, RUSSEL
STREET ADDRESS 6217 POND TREE CT.
CITY-ST-ZIP GREENACRES FL 33463 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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]

John T. Roberts, President

Date

2/11/04

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR