

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90339 040 ****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



1st MOORE

CR2E037 (10/04)

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

**GERRISH, SCOT A
C/O CMC MGMT., INC
2994 JOG RD., STE. B
GREENACRES FL 33467**

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

Scot Gerrish 4/12/05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 ☒ Delete
STREET ADDRESS 6223 POND STREET COURT
CITY-ST-ZIP GREENACRES FL 33463

TITLE VD
NAME Perez, Silvio ☐ Change ☒ Addition
STREET ADDRESS 3508 Westminster Way
CITY-ST-ZIP Greenacres, FL 33463

TITLE 1VPD
NAME SOLDANO, ANTHONY ☐ Delete
STREET ADDRESS 3527 MILBROOK WAY CIRCLE
CITY-ST-ZIP GREEN ACRES FL 33463

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

TITLE SD
NAME HOLSAPPLE, IVAN ☐ Delete
STREET ADDRESS 6113 POND TREE COURT
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE 2VPD
NAME EMERT, GLENN ☐ Delete
STREET ADDRESS 3510 MILLBROOK WAY CIR
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE TD
NAME FORSBURG, NANCY ☐ Delete
STREET ADDRESS 3511 MILLBROOK WAY CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Forsburg

(561) 641-1016

Date

Daytime Phone #

4/20/05