
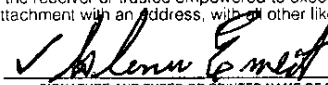


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90225 045 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N35975</b><br>1. Entity Name<br><b>THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br>2950 JOG RD<br>GREENACRES, FL 33467   |  |   | Mailing Address<br>2950 JOG RD<br>GREENACRES, FL 33467 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DICKER, EDWARD ESQ.</b><br><b>1818 AUSTRALIAN AVE S STE 400</b><br><b>W PALM BCH, FL 33409</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)   |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PEREZ, SILVIO<br>3508 WESTMINISTE WAY<br>GREENACRES, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VPD<br>SOLDANO, ANTHONY<br>3527 MILBROOK WAY CIRCLE<br>GREEN ACRES, FL 33463 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HOLSAPPLE, IVAN<br>6113 POND TREE COURT<br>GREENACRES, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>EMERT, GLENN<br>3510 MILBROOK WAY CIR<br>GREENACRES, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | ND<br><div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>FORSBURG, NANCY<br>3511 MILBROOK WAY CIRCLE<br>GREENACRES, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | 2VD<br><div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 1VPD<br>GOLDBERG, FRANCINE<br>3503 MILBROOK WAY CIR<br>LAKE WORTH, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | TD<br><div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered |  |   |  |   |  |
| SIGNATURE:    |  |   | 04/19/07   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date   |   |  |
| (661)  |  |   | 641-1016   |   |  |
| Daytime Phone #  |  |   |  |   |  |