

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAR 21 PH 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000002662 (4)
1. Corporation Name
WEDGEWOOD ESTATES COMMUNITY ASSOCIATION INC.

Principal Place of Business Mailing Address
**1049 NW 3RD ST.
HALLANDALE FL 33009** **1049 NW 3RD ST.
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **05/26/1994** 3a. Date of Last Report
4. FEI Number **65-0448226** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KROHN, MARK S
1049 NW 3RD ST.
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mark S. Krohn Pres.* DATE **2-21-95**

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KROHN, MARK S
STREET ADDRESS	1049 NW 3RD ST.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	DV
NAME	KROHN, DANIEL
STREET ADDRESS	1049 NW 3RD ST.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	DVT
NAME	KROHN, BARRY
STREET ADDRESS	1049 NW 3RD ST.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D
NAME	LENZ, GORDON
STREET ADDRESS	1049 NW 3RD ST.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D
NAME	BONOMO, RALPH
STREET ADDRESS	1049 NW 3RD ST.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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 14 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark S. Krohn* **MARK S. KROHN** DATE: **2/21/95** DAYTIME PHONE: **456 6066**