

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002662 (4)

1. Corporation Name
WEDGEWOOD ESTATES COMMUNITY ASSOCIATION INC.



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

3. Date Incorporated or Qualified: 05/26/1994
4. FEI Number: 65-0448226
Applied For: Not Applicable

2. Principal Place of Business: 21 11033 W. Broward Blvd., Suite, Apt. #, etc. 22 Plantation, FL 23 33324 Broward
2a. Mailing Address: 26 11033 W. Broward Blvd., Suite, Apt. #, etc. 27 Plantation, FL 28 33324 Broward

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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: Michael Hemsley, 82 Street Address (P.O. Box Number's Not Acceptable): 80 NW 110 Terrace, 83 City: Plantation, FL 33324, 84 City: Plantation, FL, 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Michael Hemsley*

5/25/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	KROHN, MARK S	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KROHN, DANIEL	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	KROHN, BARRY	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENZ, GORDON	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BONOMO, RALPH	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hemsley, Michael	
1.3 STREET ADDRESS	80 NW 110 Terrace	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	D'S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Drucker, Phyllis	
2.3 STREET ADDRESS	11040 NW 1st Street	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Krohn, Barry	
3.3 STREET ADDRESS	61 NW 110 Avenue	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Heinlein, Herman	
4.3 STREET ADDRESS	11001 NW 1st Street	
4.4 CITY-ST-ZIP	Plantation, FL 33324	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fox, Basil	
5.3 STREET ADDRESS	11051 NW 1st Street	
5.4 CITY-ST-ZIP	Plantation, FL 33324	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hartman, Susan	
6.3 STREET ADDRESS	90 NW 110 Terrace	
6.4 CITY-ST-ZIP	Plantation, FL 33324	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUSAN HARTMAN *Susan Hartman* 4-16-98 954-713-1332

CR2E037 (10/97)