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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002662

1. Corporation Name
WEDGEWOOD ESTATES COMMUNITY ASSOCIATION INC.

Principal Place of Business
11033 W BROWARD BLVD
PLANTATION FL 33324
US

Mailing Address
11033 W BROWARD BLVD
PLANTATION FL 33324
US



2. Principal Place of Business (21-24) 2a. Mailing Address (25-29) 3. Date Incorporated or Qualified (30) 05/26/1994
4. FEI Number (31-34) 65-0448226 Applied For (35-36) Not Applicable
5. Certificate of Status Desired (37) \$8.75 Additional Fee Required
6. Election Campaign Financing (38) \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent (81-84)
HEMSLEY, MICHAEL
80 NW 110TH TERR
PLANTATION FL 33324

10. Name and Address of New Registered Agent (85-88)

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 (89-92) (NOTE: Registered Agent signature required when reinstating) DATE (93-94)

12. OFFICERS AND DIRECTORS (95-104)
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (105-114)

TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMSLEY, MICHAEL		1.2 NAME	
STREET ADDRESS	80 NW 110TH TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, PHYLLIS		2.2 NAME	
STREET ADDRESS	11040 NW 1ST STRET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHN, BARRY		3.2 NAME	
STREET ADDRESS	1049 NW 3RD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINLEIN, HERMAN		4.2 NAME	
STREET ADDRESS	11001 NW 1ST STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, BASIL		5.2 NAME	
STREET ADDRESS	11051 NW 1ST STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, SUSAN		6.2 NAME	T D SUSAN HARTMAN
STREET ADDRESS	90 NW 110TH TERR		6.3 STREET ADDRESS	90 NW 110 Terrace
CITY-ST-ZIP	PLANTATION FL 33324		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, with all other like empowered.

SIGNATURE: *Susan Hartman* VISUSAN HARTMAN: 2-15-99 954-713-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)