

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 001 ****61.25

DOCUMENT # N94000002662

1. Entity 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 33324-1503
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0448226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEMSLEY, MICHAEL
80 NW 110TH TERR
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **FOX, BASIL**
 Street Address (P.O. Box Number is Not Acceptable)
11051 NW 1st Street
 City **Plantation, FL** FL Zip Code **33324**

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.

SIGNATURE

[Handwritten Signature]

04/27/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HEMSLEY, MICHAEL	
STREET ADDRESS	80 NW 110TH TERR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DRUCKER, PHYLLIS	
STREET ADDRESS	11040 NW 1ST STRET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KROHN, BARRY	
STREET ADDRESS	1049 NW 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINLEIN, HERMAN	
STREET ADDRESS	11001 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARTMAN, SUSAN	
STREET ADDRESS	90 NW 110TH TERR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Basil Fox	
STREET ADDRESS	11051 NW 1st St.	
CITY-ST-ZIP	Plantation, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON RIOS	
STREET ADDRESS	11021 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Bampton	
STREET ADDRESS	90 NW 110 Avenue	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D + VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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:

[Handwritten Signature]

SUSAN B. HARTMAN 4-27-00

Date

Daytime Phone #

954-713-

1332

CR2E037 (9/99)