

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

0006257

DOCUMENT # N94000002662

1. Entity Name
WEDGEWOOD ESTATES COMMUNITY ASSOCIATION INC.



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0448226		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		Zip		Country
City & State		City & State		Zip		Country

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		

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 *Basil Fox* *Basil Fox* *09/03/01*
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
After September 12, 2001, min. will be \$236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMSLEY, MICHAEL		NAME	FOX, BASIL	
STREET ADDRESS	80 NW 110TH TERR		STREET ADDRESS	11051 NW 1st Street	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DRUCKER DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, PHYLLIS		NAME	DRUCKER, Howard	
STREET ADDRESS	11040 NW 1ST STRET		STREET ADDRESS	11040 NW 1st Street	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHN, BARRY		NAME	KReese, Carol	
STREET ADDRESS	1049 NW 3RD ST.		STREET ADDRESS	71 NW 110th Ave	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINLEIN, HERMAN		NAME	Bampton, Howard	
STREET ADDRESS	11001 NW 1ST STREET		STREET ADDRESS	90 NW 110th Ave	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, SUSAN		NAME		
STREET ADDRESS	90 NW 110TH TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Howard Drucker* *REO Howard Drucker* *9-3-2001 (954) 916-8568*

CR2E037 (5/01)