


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90411 009 \*\*\*\*61.25

<b>DOCUMENT # N94000002662</b>					
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 US		
2. Principal Place of Business		3. Mailing Address		01102005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0448226	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAMPTON, HOWARD 90 NW 110TH AVE PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Howard Bampton</i>		Signature, typed or printed name of registered agent and title if applicable.		Howard J Bampton Treasurer	
				4/24/05	
				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADSMOND, ROSE			NAME	
STREET ADDRESS	90 NW 110 TERR			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAMPTON, HOWARD			NAME	
STREET ADDRESS	90 NW 110TH AVE			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREESE-DECARLO, CAROL			NAME	
STREET ADDRESS	71 NW 110 AVR			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WURSTER, NICHOLAS			NAME	<i>Camille Tinedo</i>
STREET ADDRESS	40 NW 110 AVE			STREET ADDRESS	<i>40 NW 110th AVE</i>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324			CITY-ST-ZIP	<i>Plantation FL 33324</i>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, STEPHANIE			NAME	<i>MARK THOMAS</i>
STREET ADDRESS	41 NW 110TH AVE.			STREET ADDRESS	<i>70 NW 110th AVE</i>
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	<i>Plantation FL 33324</i>
TITLE		<input 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: <i>Howard Bampton</i>		Signature and typed or printed name of signing officer or director		4/24/05	
				Date	
				561 544 4046	
				Daytime Phone #	

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