
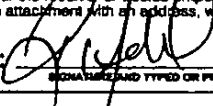


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-21-2006 90116 040 ****61.25

DOCUMENT # N9400002662					
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		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0448226	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAMPTON, HOWARD 90 NW 110TH AVE PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	Director/President	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADSMOND, ROSE		NAME	Howard Drucker	
STREET ADDRESS	90 NW 110 TERR		STREET ADDRESS	11040 NW 1ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director/Treasurer	<input type="checkbox"/> Delete	TITLE	Director / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAMPTON, HOWARD		NAME	Karen Willis-Powers	
STREET ADDRESS	90 NW 110TH AVE		STREET ADDRESS	11061 NW 1ST	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREESE-DECARLO, CAROL		NAME	Valeria Aguilar	
STREET ADDRESS	71 NW 110 AVR		STREET ADDRESS	21 NW 110th Ave	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINEO, CAMILLE		NAME		
STREET ADDRESS	80 NW 110TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARK		NAME		
STREET ADDRESS	70 NW 110TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: 			3/29/06 (954) 944-0988		
Typed or printed name of signing officer or director			Date Daytime Phone #		