

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90116 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
US**

90037350



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **65-0448226**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~FOX, BASIL
11051 NW 1ST STREET
PLANTATION FL 33324~~

**SUSAN HEMSLEY
80 NW 110 TER
PLANTATION FLA
33324**

7. Name and Address of New Registered Agent

Name **SUSAN HEMSLEY**
Street Address (P.O. Box Number is Not Acceptable)
**80 NW 110 TER.
PLANTATION FLA**
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SUSAN HEMSLEY (NOTE: Registered Agent signature required when reinstating) DATE 2/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DP FOX, BASIL	<input type="checkbox"/> Delete
STREET ADDRESS	11051 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE NAME	DT DRUCKER, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	11040 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE NAME	DS KREESE, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	71 NW 110TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE NAME	D BAMPTON, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	90 NW 110TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE NAME		<input checked="" type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	ROSE ADSDOND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	90 NW 110 TERRACE	
CITY-ST-ZIP	PLANTATION FLA 33324	
TITLE NAME	SUSAN HEMSLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	80 NW 110 TERRACE	
CITY-ST-ZIP	PLANTATION FLA 33324	TREASURER
TITLE NAME	CAROL DE CARLO-KREESE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	71 NW 110 AVE	
CITY-ST-ZIP	PLANTATION FLA 33324	SECRETARY
TITLE NAME	NICHOLAS R WURSTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	40 NW 110 AVE	
CITY-ST-ZIP	PLANTATION FLA 33324	DIRECTOR
TITLE NAME	NATALIE YAKUSHEV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	30 NW 110 AVE	
CITY-ST-ZIP	PLANTATION FLA 33324	DIRECTOR
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SUSAN HEMSLEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)