

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:19

DOCUMENT # N17141 (5)

1. Corporation Name

WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3310 W HILLSBORO BLVD
DEERFIELD BCH. FL 33442

3310 W HILLSBORO BLVD
DEERFIELD BCH. FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1986

3a. Date of Last Report
01/31/1994

4. FEI Number
65-0050545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

G MCCLAIN FINANCIAL SERVICES
3310 W HILLSBORO BLVD
DEERFIELD BCH. FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CASEY, JOHN JR.
STREET ADDRESS	8874 EAGLE RUN DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	ROSENTHAL, SARA
STREET ADDRESS	8570 EAGLE RUN
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	DERENGOWSKI, ED
STREET ADDRESS	8632 EAGLE RUN
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	KAPLAN, EDWARD
STREET ADDRESS	8728 EAGLE RUN DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	KOST, JOSEPH TURKOWITZ, JEROME
STREET ADDRESS	8531 EAGLE RUN 8531 Eagle Run Dr.
CITY-ST-ZIP	BOCA RATON FL Boca Raton FL
TITLE	D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SD
2.3 STREET ADDRESS	STONE, Jolene
2.4 CITY-ST-ZIP	8639-9, Eagle Run Dr BOCA RATON FL 33434
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	PD
5.3 STREET ADDRESS	TURKOWITZ, JEROME
5.4 CITY-ST-ZIP	8531 Eagle Run Dr BOCA RATON FL 33434
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	KOST, Joseph
6.4 CITY-ST-ZIP	8516 Eagle Run BOCA RATON, FL 33434

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Kaplan - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95
Date

407-451-1577
Telephone