FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20581 (7)

1. Corporation Name
WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
343 HEATHERPOINT DRIVE LAKELAND FL 33809	343 HEATHERPOINT DRIVE LAKELAND FL 33809

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2721337 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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

9. Name and Address of Current Registered Agent

ONDRA, MARILOU L.
343 HEATHERPOINT DRIVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: MARILOU L. ONDRA
82 Street Address (P.O. Box Number is Not Acceptable): 343 HEATHERPOINT DR.
83
84 City: LAKELAND **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHELBY, JOHN 757 ROCKINGHAM ST. LAKELAND FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PD Sylvia garl 415 Heatherpoint dr. Lakeland, Florida 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEN REUS, FRANCIS 4004 DERBY DR. LAKELAND FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition VICE Carol Elliott 414 Heatherpoint dr. Lakeland, Fl. 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELLIOTT, CAROL 414 HEATHERPOINT DR. LAKELAND FL 33809	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition SD Kay Shelby 757 rockingham st. Lakeland, Fl 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ONDRA, MARILOU L. 343 HEATHERPOINT DR LAKELAND FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition T marilou L. Ondra 343 Heatherpoint dr. Lakeland, Fl. 33809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(i), 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 receiver 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: Marilou L. Ondra — 3-7-95 — (813) 853-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARILOU L. ONDRA

0067147