FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N13276 (3)

1. Corporation Name

WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
% LANG MANAGEMENT CO. 5295 TOWN CENTER RD #200 BOCA RATON FL 33486	% LANG MANAGEMENT CO. 5295 TOWN CENTER RD #200 BOCA RATON FL 33486

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 04/12/1995

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

4. FEI Number: 59-2536287 ☐ 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

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

9. Name and Address of Current Registered Agent

LANG MANAGEMENTCO.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BLOCK, RICHARD		12 NAME	
STREET ADDRESS	7560 REXFORD RD.		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, BERNARD		22 NAME	
STREET ADDRESS	7504 REXFORD RD.		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WEINERMAN, IRENE		32 NAME	
STREET ADDRESS	7496 REXFORD RD.		33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP	
TITLE	P	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	YUDKIN, MYRON		42 NAME	
STREET ADDRESS	7544 REXFORD RD.		43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BERKOWITZ, RONALD		52 NAME	
STREET ADDRESS	7551 REXFORD RD.		53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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)(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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)