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FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13276 (3)

1. Corporation Name

WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, 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 33486-1088

3. Date Incorporated or Qualified
02/03/1986

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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

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	S	<input type="checkbox"/> DELETE
NAME	BLOCK, RICHARD	
STREET ADDRESS	7560 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, BERNARD	
STREET ADDRESS	7504 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEINERMAN, IRENE	
STREET ADDRESS	7496 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YUDKIN, MYRON	
STREET ADDRESS	7544 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, RONALD	
STREET ADDRESS	7551 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myron E. Yudkin 1/20/97

Date

Daytime Phone # 0044992

CR2E037 (9/96)