


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35975 (4)
 1. Corporation Name
THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6230 BISCAYNE BLVD. GREENACRES FL 33463	Mailing Address C/O PROPERTY MGMT RESOURCES 4000 S. 57TH AVE. SUITE 101 LAKE WORTH FL 33463-4396
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/27/1989	3a. Date of Last Report 06/06/1996
		4. FEI Number 65-0183464		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FLATOW, JERRY C/O PROPERTY MANAGEMENT RESOURCE, INC. 4000 S. 57TH AVE. SUITE 101 LAKE WORTH FL 33463		10. Name and Address of New Registered Agent 81 Name William Jeffers 82 Street Address (P.O. Box Number is Not Acceptable) 3522 Millbrook Way Circle 83 84 City Greenacres FL 85 Zip Code 33463	
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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 *William W. Jeffers* (WILLIAM W. JEFFERS) - PRESIDENT 4/16/97
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 P.	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLDANO, ANTHONY		1.2 NAME William Jeffers	
STREET ADDRESS 3527 MILLBROOK WAY CIRCLE		1.3 STREET ADDRESS 3522 Millbrook Way Circle	
CITY-ST-ZIP GREENACRES FL		1.4 CITY-ST-ZIP Greenacres, FL 33463	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIRSCHFIELD, PHILIP		2.2 NAME Anthony Soldano	
STREET ADDRESS 3529 MILLBROOK WAY CIRCLE		2.3 STREET ADDRESS 3527 Millbrook Way Circle	
CITY-ST-ZIP GREENACRES FL		2.4 CITY-ST-ZIP Greenacres, FL 33463	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WAGNER, CHUCK		3.2 NAME Otto Kupper	
STREET ADDRESS 3500 MILLBROOK WAY CIRCLE		3.3 STREET ADDRESS 6116 Elm Way Ct.	
CITY-ST-ZIP GREENACRES FL 33463		3.4 CITY-ST-ZIP Greenacres, FL 33463	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FATINO, LUCY		4.2 NAME Mike Brettschneider	
STREET ADDRESS 3504 RIDGE TREE COURT		4.3 STREET ADDRESS 3512 Millbrook Way Circle	
CITY-ST-ZIP GREENACRES FL		4.4 CITY-ST-ZIP Greenacres, FL 33463	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEFFERS, WILLIAM		5.2 NAME Phillip Hirschfield	
STREET ADDRESS 3522 MILLBROOK WAY CIRCLE		5.3 STREET ADDRESS 3529 Millbrook Way Circle	
CITY-ST-ZIP GREENACRES FL		5.4 CITY-ST-ZIP Greenacres, FL 33463	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *William W. Jeffers* (WILLIAM W. JEFFERS) - PRESIDENT 4/16/97 566-969-6036

CR2E037 (9/96)