FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



3310 W HILLSBORO BLVD DEERFIELD BCH. FL 33442				3310 W HILLSBORO BLVD DEERFIELD BCH. FL 33442-9403									
								-	3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1986]
2. Principal P	lace of Busin	ness ^t	2a.	2a. Mailing Address					4. FEI Number	<u> </u>		pplied For	1
21				26					65-0050545			lot Applicable	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.								Additional	1
22 City & State				27					5. Certificate of Status Desired		,	lequired	
23				City & State			6	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country			Zip Cou			otry		B. This corporation has liability for	intangibk	a tax under	ś. 199.032.	1
24	25			29 30							Z No		l
	9. Name	and Address of	Current Regis				10	10. Name and Address of New Registered Agent					
						81	Name						1
G MCCLAIN FINANCIAL SERVICES							Street A	Address	(P.O. Box Number is Not Accepta	bie)			
3310 W HILLSBORO BLVD													
DEERFIELD BCH. FL 33442													
						84	City			FL	85 Zip	Code	1
11. Pursuant	to the provisi	ons of Sections 6	17.0502 and 6	17.1508, Florida Statut	es, the a	pove	-named	corporati	ion submits this statement for the p	OUTDOSA C	of changing i	its registered	ł
agent. I a	m familiar wi	th, and accept the	e obligations of	, Section 617.0503, Flo	autriorize orida Sta	tutes	ine corp 3.	poration's	board of directors. I hereby acce	pt the app	cointment as	s registered	l
SIGNATURE	91	or printed name of regs	Jelan -	Tuessures									
12,	Signature, typeo						nt signature	required who		DATE	D DIDE OXO	DO 111 10	Ļ
TITLE	OFFICERS AND					·			ADDITIONS/CHANGES TO OFFI	JERS AN			ξ
NAME	_	AUIZEA LIVAIU				1.1 TITLE					L Change		Ş
			DIVE	· ·		.2 NAME							ζ
STREET ADDRESS 8639-10 EAGLE RUN DRIVE BOCA RATON FL						3 STREET ADDRESS			•		, ,	•	Ĺ
CITY-ST-ZIP TITLE		ATON FL		DELETE	_	ITY-S	T-ZIP				FT 6.		ļ
****	SD	(OLENE		DECENE	2.1 T			SI	D `		☐ Change	☐ Addition	
NAME	STONE JOLENE						NAME		IRISANO, JOSEPH				
STREET ADDRESS		AGLE RUN DR	•		2.3 \$1		3 STREET ADDRESS		554 EAGLE RUN DRIVI	Ξ			
CITY-ST-ZIP		ATON FL				2. 4 CITY - ST - ZIP		ВС	OCA RATON, FL				
TITLE	PD	A. (14)		L. DELETE	3.1 T	ITLE					☐ Change	Addition	
NAME		OWSKI, ED		3.2 N		3.2 NAME							
STREET ADDRESS	8632 EAGLE RUN			3.3 S			ADDRESS						
CITY-ST-ZIP	BOCA RATON FL			3.4. C			1 - ZIP						
TITLE	TD			☐ DELEJE	4.1 T	NLE					Change	☐ Addition	ĺ
NAME		EDWARD			4 2 1	IAME							
STREET ADDRESS				435		3 STREET ADDRESS							İ
CITY-ST-ZIP	BOCA R	ATON FL			4.4.0	ITY-SI	7 - ZIP						
TITLE	D			☐ DELETE	5.1 T	TLE					Change	☐ Addition	ĺ
NAME	GINER, JOE			5.2 N		AME							ĺ
STREET ADDRESS	TREET ADDRESS 8675 EAGLE RUN DRIVE			5.3 ST		TREET	EET ADDRESS						ĺ
CITY-ST-ZIP	BOCA R	ATON FL			5.4 C	ITY-\$1	r-ZIP						
TMLE	VPD			DELETE	6.1 T						Change	Addition	ĺ
NAME	KOST, J	OSEPH			6.2 N	AME							ĺ
STREET ADDRESS		GEL RUN					ADDRESS						ĺ
CITY-ST-ZIP BOCA RATON FL				6.4 CIT									ĺ
		the inferentian c	upplied with th	in filing door not qualif	0.4 b	111-91	1-211						1

I oo nereby certify that the information supplied with this filling 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.