


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N-20581**
1. Corporation Name **Wedge Wood Estate Homeowners¹, Inc.** Association

Principal Place of Business Mailing Address
**623 Rockingham Rd.
Lakeland, FL 33810**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 5-11-87
4. FEI Number 59-222-1337
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**Marilou Ondra
343 Heather Pointe Dr.
Lakeland, FL 33810**

10. Name and Address of New Registered Agent
81 Name **Peggy J. Weaver**
82 Street Address (P.O. Box Number is Not Acceptable) **623 Rockingham Rd.**
83
84 City **Lakeland** FL 85 Zip Code **33810**

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 **Peggy J. Weaver** **Peggy J. Weaver** **3-31-98**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must be recorded when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Lillian Sypniewski D
STREET ADDRESS	4144 Staffordshire Dr.
CITY-ST-ZIP	Lakeland, FL 33810
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Kay Shelby D
STREET ADDRESS	754 Rockingham Rd.
CITY-ST-ZIP	Lakeland, FL 33810
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerry Safrit D
1.3 STREET ADDRESS	742 Rockingham Rd.
1.4 CITY-ST-ZIP	Lakeland, FL 33810
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peggy J. Weaver D
2.3 STREET ADDRESS	623 Rockingham Rd.
2.4 CITY-ST-ZIP	Lakeland, FL 33810
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 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: **Peggy J. Weaver** **Peggy J. Weaver** **2-9-98** **941-859-5280**
Signature (typed or printed name of signing officer or director) Date (Daytime FT only)

CR2E037 (10/97)