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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20581

1. Corporation Name

WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

623 ROCKINGHAM RD.
LAKELAND FL 33810

Mailing Address

623 ROCKINGHAM RD.
LAKELAND FL 33810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2721337	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33809 Country		Zip 33809 Country		29 30	
24		25		29 30	

9. Name and Address of Current Registered Agent

WEAVER, PEGGY J
623 ROCKINGHAM RD.
LAKELAND FL 33810

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
FL	33809

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, PEGGY	1.2 NAME	
STREET ADDRESS	623 ROCKINGHAM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	1.4 CITY-ST-ZIP	33809
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFRIT, JERRY	2.2 NAME	
STREET ADDRESS	742 ROCKINGHAM ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	2.4 CITY-ST-ZIP	33809
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELBY, KAY	3.2 NAME	
STREET ADDRESS	757 ROCKINGHAM RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	33809
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYNIEWSKI, LILLIAN	4.2 NAME	Nancy Vaughan
STREET ADDRESS	4144 STAFFORDSHIRE DR.	4.3 STREET ADDRESS	326 Heather Point Dr.
CITY-ST-ZIP	LAKELAND FL 33810	4.4 CITY-ST-ZIP	Lakeland FL 33809
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Peggy J. Weaver 1-6-99 941-859-5280
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)