FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90145 039 ****61.25

DOCUMENT # N13276

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/03/1986
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 59-2536287 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BLOCK, RICHARD		1.2 NAME	WEINERMAN, MARSHAL	
STREET ADDRESS	7560 REXFORD RD.		1.3 STREET ADDRESS	7496 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	YUDKIN, MYRON		2.2 NAME	YUDKIN, MYRON	
STREET ADDRESS	7504 REXFORD RD.		2.3 STREET ADDRESS	7504 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BERKOWITZ, RONALD		3.2 NAME	BERKOWITZ, RONALD	
STREET ADDRESS	7551 REXFORD RD		3.3 STREET ADDRESS	7551 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434		3.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	WEINERMAN, IRENE		4.2 NAME	BALIS, JOHN	
STREET ADDRESS	7496 REXFORD RD		4.3 STREET ADDRESS	7480 REXFORD RD	
CITY-ST-ZIP	BOCA RATON FL 33434		4.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	☒ DELETE	5.1 TITLE	2VP D	☐ Change ☒ Addition
NAME	FRIEDMAN, BERNARD		5.2 NAME	BERTUCH, HENRI	
STREET ADDRESS	7504 REXFORD RD		5.3 STREET ADDRESS	7456 REXFORD RD.	
CITY-ST-ZIP	BOCA RATON FL 33434		5.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD BERKOWITZ

Date 3/11/99

Daytime Phone # 482-1366