

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90101 050 ****61.25

Pres./Dir

Anthony Soldano
3527 Millbrook Way Cir.
Greenacres Fl 33463

VP/Dir

Ray Bowers
6118 Elm Way Ct.
Greenacres Fl 33463

Sec./Dir

Otto Kupper
6116 Elm Way Ct.
Greenacres Fl 33463

2nd VP/Dir

Milne Brettschneider
3521 Millbrook Cir
Greenacres Fl 33463

Treas./Dir

William Jeffers
3522 Millbrook Way Cir.
Greenacres Fl 33463

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

DOCUMENT # N35975

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 CMC MANAGEMENT
 2894 JOG RD., SUITE B
 GREENACRES FL 33467
 US

DOCUMENT - 2



281021-90085-43



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/27/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0183464	
24 Country		29 Country		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing				☐ Trust Fund Contribution	

9. Name and Address of Current Registered Agent

JEFFERS, WILLIAM
3522 MILLBROOK CIRCLE
GREENACRES FL 33463

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

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	VPO	1.1 TITLE	PD
NAME	EMERT, GLENN	1.2 NAME	Soldano, Anthony
STREET ADDRESS	3510 RIDGE TREE CT	1.3 STREET ADDRESS	3527 Millbrook Way Circle
CITY-ST-ZIP	GREENACRES FL 33463	1.4 CITY-ST-ZIP	Greenacres, FL 33463
TITLE	VPO	2.1 TITLE	VP
NAME	HIRSCHFIELD, PHILIP	2.2 NAME	Bowers, Ray
STREET ADDRESS	3529 MILLBROOK WAY CIR	2.3 STREET ADDRESS	6118 Elm Way Court
CITY-ST-ZIP	GREENACRES FL 33463	2.4 CITY-ST-ZIP	Greenacres, FL 33463
TITLE	SD	3.1 TITLE	
NAME	KUPPER, OTTO	3.2 NAME	
STREET ADDRESS	6116 ELM WAY CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VP
NAME	BRETTSCHNEIDER, MIKE	4.2 NAME	
STREET ADDRESS	3521 MILLBROOK CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	TD
NAME	JEFFERS, WILLIAM	5.2 NAME	
STREET ADDRESS	3522 MILLBROOK WAY CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2/3/99 969-6036
 Daytime Phone #

CR2E037 (11/98)