

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20581

1. Entity Name

WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

841 ROCKINGHAM RD.
LAKELAND FL 33809

Mailing Address

841 ROCKINGHAM RD.
LAKELAND FL 33809

2. Principal Place of Business

841 Rockingham Road
Suite, Apt. #, etc.

3. Mailing Address

841 Rockingham Rd
Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33809

Country

USA

Zip

33809

Country

USA

4. FEI Number

59-2721337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARCELLONA, KATRINA
841 ROCKINGHAM RD.
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BARCELLONA, KATRINA	
STREET ADDRESS	841 ROCKINGHAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAFRIT, JERRY	
STREET ADDRESS	742 ROCKINGHAM ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELBY, KAY	
STREET ADDRESS	757 ROCKINGHAM RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ONDRA, MARILOU	
STREET ADDRESS	343 HEATHERPOINT DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATRINA BARCELLONA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

863-815-8634

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE