
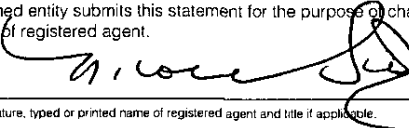
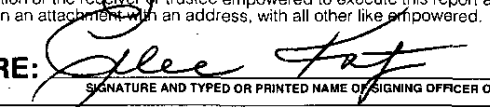


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90021 034 \*\*\*\*61.25

<b>DOCUMENT # N17141</b> 1. Entity Name <b>WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>8555 EAGLE RUN DR. BOCA RATON, FL 33434</b>		Mailing Address <b>8555 EAGLE RUN DR. BOCA RATON, FL 33434</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1750 University Dr</b> <b>205</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33071</b>	Country	4. FEI Number <b>65-0050545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>KATZ, EILEEN</b> <b>8555 EAGLE RUN DRIVE</b> <b>BOCA RATON, FL 33434</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>SWIFT Management Solutions</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 University Dr #205</b> City <b>Coral Springs FL</b> Zip <b>33071</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/6/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYKES, LYNN 8639-10 EAGLE RUN DRIVE BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENCH, HAROLD 8687 EAGLE RUN DR BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERENGOWSKI, ED 8632 EAGLE RUN BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, EDWARD 8728 EAGLE RUN DR BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, EILEEN 8555 EAGLE RUN DR BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/24/04</b> Daytime Phone # <b>954341-6340</b>	

**54000016**



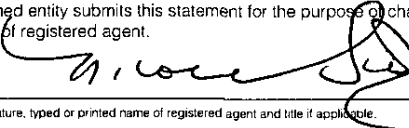
01072004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name SWIFT Management Solutions  
Street Address (P.O. Box Number is Not Acceptable) 1750 University Dr #205  
City Coral Springs FL Zip 33071

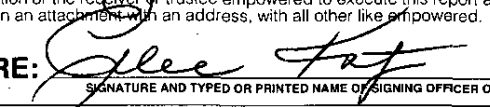
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Filing Fee is \$61.25 Due by May 1, 2004  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/24/04 Daytime Phone # 954341-6340

→ Eileen