## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # N13276

1. Entity Name

WEDGEWOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.



			CON WE TO			
C/O LANG MANAGEMENT CO C/O 21045 COMMERCIAL TRL 210		Mailing Address C/O LANG MANAGEMENT ( 21045 COMMERCIAL TRL BOCA RATON, FL 33486	C/O LANG MANAGEMENT CO 21045 COMMERCIAL TRL		EVÆÆVVV , IBLIBIL BILLBILLBILLBILLBILLBILLBILLBILL	
2. Principal Pl	lace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02172004 Chg-N	(P CR2E037 (10/03)	
City & State		City & State	City & State		Applied For Not Applicate	ole
Zip	Country	Zip	Country	5. Certificate of Status	Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address	of New Registered Agent	
140111414	C ICAACCON		Name	تستند شد. شه الدوس		
WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			Street Address (		Acceptable)	
			City	······	FL Zip Code	
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its req	gistered office or re-	gistered agent, or both, in the S	State of Florida. I am familiar with, and accep	pt
uie obligati	ions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature r	equired when reinstating)	DATE	
				<del></del>		_
Filing Fee is \$61.25 Due by May 1, 2004		0 51	Election Campaign Financing     Trust Fund Contribution.			
	_	,	· · -	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	_	Trust Fund Con	· · -	Added to Fees		
TITLE	Due by May 1, 2004  OFFICERS AND D	Trust Fund Con	ntribution. □  11.  πιε	Added to Fees	Florida Department of State	on
TITLE NAME	OFFICERS AND D PD ADLER, ARTHUR	Trust Fund Con	11. TITLE NAME	Added to Fees	Florida Department of State O OFFICERS AND DIRECTORS IN 10	ion
TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D ADLER, ARTHUR 7464 REXFORD RD	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of State O OFFICERS AND DIRECTORS IN 10	ion
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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.

Zalkowitz

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 852-1068

**FILED** 

Secretary of State
03-31-2004 90017 015 \*\*\*\*70.00

Mar 31, 2004 8:00 am