

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90411 008 \*\*\*\*61.25

**DOCUMENT # N93000004860**

1. Entity Name  
**WEDGEVAL MASTER ASSOCIATION, INC.**



Principal Place of Business  
**11033 W. BROWARD BLVD.  
PLANTATION, FL 33324**

Mailing Address  
**11033 W. BROWARD BLVD.  
PLANTATION, FL 33324**

**14014091**



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0448228**

Applied For  
☐ Not Applicable

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

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

**BAMPTON, HOWARD  
90 NW 110TH AVE  
PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Howard Bampton **Howard Bampton Treasurer** 4/24/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	ADSMOND, ROSE	
STREET ADDRESS	90 NW 110 TERR.	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAMPTON, HOWARD	
STREET ADDRESS	90 NW 110TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KREESE, CAROL	
STREET ADDRESS	71 NW 110TH AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORA, DINO	
STREET ADDRESS	11015 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION, FL 33324	
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	
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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: Howard Bampton **Howard Bampton** 4/24/05 561 544 4046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #