



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90043 046 ****70.00

DOCUMENT # N20581 1. Entity Name WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4105 DERBY DR LAKELAND, FL 33809			Mailing Address 4105 DERBY DR LAKELAND, FL 33809		
2. Principal Place of Business 742 Rockingham Rd >		3. Mailing Address 742 Rockingham Rd Lakeland, FL 33809			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092006 Chg-NP CR2E037 (11/05)	
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-2721337	
Zip 33809		Country POIK		5. Certificate of Status Desired * \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAFRIT, TERESA 742 ROCKINGHAM ROAD LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 Jeresa Safrit Teresa SAFRIT LTD <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-16-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD SAFRIT, TERESA 742 ROCKINGHAM ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, PEGGY 623 ROCKINGHAM ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, ADRIENNE 4224 STAFFORSHIRE DRIVE LAKELAND, FL 33807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ONDRA, MARILOU 343 HEATHERPOINT DRIVE LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jeanine Turner 544 Worchester Ct. Lakeland, FL 33809-4011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeresa Safrit Teresa SAFRIT Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-16-06 (963) Daytime Phone # 858-0508	

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