

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 20, 2006 8:00 am
Secretary of State

05-09-2006 90089 029 ****61.25

DOCUMENT # *N17141*
Wedgewood Homeowners
ASSOC



Principal Place of Business 4350 NW 19TH AVENUE SUITE C POMPANO BEACH FL 33064 US		Mailing Address P. O. BOX 97-0069 STE 100 BOCA RATON FL 33497-0069 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

U 66022044

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent PALOMBI, GARY 4350 NW 19TH AVENUE STE C POMPANO BEACH FL 33064		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 *[Signature]* DATE *6/12/06*
Signature, typed or printed name of registered agent and job if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW FEE IS \$81.25 Due By May 1, 2006	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 <i>P Bea Demmer</i> <i>8573 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P Bea Demmer</i> <i>8573 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Edward Derencowski</i> <i>8632 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>V Pres Edward Derencowski</i> <i>8632 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Sonia Wegweiser</i> <i>8645-08 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>S Sonia Wegweiser</i> <i>8645-08 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Mary Lisa Kowiszewski</i> <i>8555 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>T Mary Lisa Kowiszewski</i> <i>Boca Raton FL 33434</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Bernie Kaplan</i> <i>8644-17 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D Bernie Kaplan</i> <i>8644-17 Eagle Run Dr</i> <i>Boca Raton FL 33434</i>	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Bea Demmer</i>	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Bea Demmer Pres 6/12/06*