2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

I hereby certify that the indicated on this report

SIGNATURE

of the corporation or if changed, or on air

May 09, 2008 8:00 am DOCUMENT # N93000004860 Secretary of State 1. Entity Name 05-09-2008 90015 035 ****61.25 WEDGEVAL MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address % J&L PROPERTY MANAGEMENT INC. 10191 WEST SAMPLE RD. SUITE 203 % J&L PROPERTY MANAGEMENT INC. 10191 WEST SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, erc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0448228 Not Applicable Zio Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) C/O J & L PROPERTY MGMT, INC. 10191 W. SAMPLE RD, SUITÉ 203 CORAL SPRINGS FL 33065 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or expeed hame of registered agent and the if applicable, (NOTE: Registered Agent signature required when rainstiging) CATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change **△**Addition ADSMOND, ROSE NAME NAME Christian bagnan STREET ADDRESS 90 NW 110 TERR. STREET ADDRESS 1011 NO 13454 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP an tention TITLE Delate TITLE Addition 1 BAMPTON, HOWARD NAME NAME ing trong From STREET ADDRESS 90 NW 110TH AVE STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-ZIP ant mtion, DS TITLE ☐ Delete ☐ Change Addition 2 DAVIS-POWERS, KAREN NAME NAME SON STREET ADDRESS 11061 NW 1ST STREET ADDPESS 1015 W. Broward BIJd. PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZiP entation, TITLE ☐ Delete TITLE Change Addition Ima flora NAME NAME STREET ADDRESS STREET ADDRESS llois in Broward blud. CITY-ST-7IP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NA*1E STREET ADDRESS STREET ADDRESS City-St-ZIP CITY - ST - 7/P THLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP

address, with all other like empowered.

n supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information nental 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 profuse the proposed to execute this report as a quired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED