

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20581

FILED  
Jun 04, 2009  
Secretary of State

**Entity Name:** WEDGEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

623 ROCKINGHAM RD.  
LAKELAND, FL 33809

**New Principal Place of Business:**

605 ROCKINGHAM RD.  
LAKELAND, FL 33809

**Current Mailing Address:**

623 ROCKINGHAM RD.  
LAKELAND, FL 33809

**New Mailing Address:**

605 ROCKINGHAM RD.  
LAKELAND, FL 33809

**FEI Number:** 59-2721337      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEAVER, PEGGY J  
623 ROCKINGHAM RD.  
LAKELAND, FL 33809      US

**Name and Address of New Registered Agent:**

VAANDERING, JO ANN J  
605 ROCKINGHAM RD.  
LAKELAND, FL 33809      US

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.

SIGNATURE: JO ANN VAANDERING

06/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WEAVER, PEGGY  
Address: 623 ROCKINGHAM RD  
City-St-Zip: LAKELAND, FL 33809

Title: P      ( ) Delete  
Name: ONDRA, MARILOU  
Address: 343 HEATHER POINT DR  
City-St-Zip: LAKELAND, FL 33809

Title: S      ( ) Delete  
Name: MCCANN, BARBARA  
Address: 4004 DERBY DR  
City-St-Zip: LAKELAND, FL 33809

Title: V      ( ) Delete  
Name: TEEHAM, PAT  
Address: 129 HEATHERPOINT DR  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T      (X) Change ( ) Addition  
Name: VAANDERING, JO ANN  
Address: 605 ROCKINGHAM RD  
City-St-Zip: LAKELAND, FL 33809

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: MABE, LORRAINE  
Address: 3954 DERBY DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN VAANDERING

T

06/04/2009

Electronic Signature of Signing Officer or Director

Date