

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N17141

FILED  
Jan 17, 2003  
Secretary of State

Entity Name: WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

8555 EAGLE RUN DR.  
BOCA RATON, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

8555 EAGLE RUN DR.  
BOCA RATON, FL 33434

## New Mailing Address:

FEI Number: 65-0050545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KATZ, EILEEN  
8555 EAGLE RUN DRIVE  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: SYKES, LYNN  
Address: 8639-10 EAGLE RUN DRIVE  
City-St-Zip: BOCA RATON, FL 33434

Title: VPD ( ) Delete  
Name: HENCH, HAROLD  
Address: 8687 EAGLE RUN DR  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: DERENGOWSKI, ED  
Address: 8632 EAGLE RUN  
City-St-Zip: BOCA RATON, FL 33434

Title: TD ( ) Delete  
Name: KAPLAN, EDWARD  
Address: 8728 EAGLE RUN DR  
City-St-Zip: BOCA RATON, FL 33434

Title: PD ( ) Delete  
Name: KATZ, EILEEN  
Address: 8555 EAGLE RUN DR  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EILEEN B KATZ

PD

01/17/2003

Electronic Signature of Signing Officer or Director

Date