

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90147 046 \*\*\*\*61.25

**DOCUMENT # N35975**

1. Entity Name

**THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**6230 BISCAYNE BLVD.  
GREENACRES FL 33463**

Mailing Address

**C/O CMC MANAGEMENT  
2994 JOG RD., SUITE B  
GREENACRES FL 33467  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0183464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFERS, WILLIAM  
3522 MILLBROOK CIRCLE  
GREENACRES FL 33463**

*CMC*

Name

*CMC MANAGEMENT*

Street Address (P.O. Box Number is Not Acceptable)

*2994 JOG RD., SUITE B*

City

*GREENACRES*

FL

Zip Code

*33467*

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

*Scot A. Gerrish*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*01-30-03*

DATE

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Delete  
NAME **ROBARTS, JOHN T**  
STREET ADDRESS **6223 POND STREET COURT**  
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **BUJWIT, MARY ANN**  
STREET ADDRESS **3517 WESTMINSTER DR**  
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **CLEMENTS, KEN**  
STREET ADDRESS **6215 POND STREET COURT**  
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **EMERT, FLENN**  
STREET ADDRESS **3510 MILLBROOK WAY CIR**  
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **2ND VP** ☐ Change ☐ Addition  
NAME **RUSSEL SNOWLEY**  
STREET ADDRESS **6217 POND TREE CT**  
CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*X SIGNATURE: SCOT A. GERRISH PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/03 561-432-9014*