

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17141

Entity Name: WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O HAWK-EYE MANAGEMENT, LLC
1800 NW CORPORATE BLVD SUITE 200
BOCA RATON, FL 33431

Current Mailing Address:

C/O HAWK-EYE MANAGEMENT, LLC
1800 NW CORPORATE BLVD SUITE 200
BOCA RATON, FL 33431 US

FEI Number: 65-0050545**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN PL
6111 BROKEN SOUND PKWY NW
SUITE #200
BOCA RATON, FL 33487 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: DEREK ALLISON

04/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALLISON, DEREK
Address C/O HAWK-EYE MANAGEMENT, LLC
 1800 NW CORPORATE BLVD SUITE
 200
City-State-Zip: BOCA RATON FL 33431

Title VP
Name BURKULE, KALAS
Address C/O HAWK-EYE MANAGEMENT, LLC
 1800 NW CORPORATE BLVD SUITE
 200
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name PALMETTO, JESSICA
Address C/O HAWK-EYE MANAGEMENT, LLC
 1800 NW CORPORATE BLVD SUITE
 200
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name GRETZKY, HAROLD
Address C/O HAWK-EYE MANAGEMENT, LLC
 1800 NW CORPORATE BLVD SUITE
 200
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name PACHTER, BRUCE
Address C/O HAWK-EYE MANAGEMENT, LLC
 1800 NW CORPORATE BLVD SUITE
 200
City-State-Zip: BOCA RATON FL 33431

I hereby 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 all other like empowered.

SIGNATURE: DEREK ALLISON

PRESIDENT

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date