

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004860

**FILED**  
**May 09, 2017**  
**Secretary of State**  
**CC2064689727**

**Entity Name:** WEDGEVAL MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

% J&L PROPERTY MANAGEMENT INC.  
10191 WEST SAMPLE RD. SUITE 203  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

% J&L PROPERTY MANAGEMENT INC.  
10191 WEST SAMPLE RD. SUITE 203  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0448228

**Certificate of Status Desired:** No

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

CALDERAZZO, JAMES  
C/O J & L PROPERTY MGMT, INC.  
10191 W. SAMPLE RD, SUITE 203  
CORAL SPRINGS, FL 33065 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KROHN, BARRY  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name SCHWARTZ, NORMAN  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY  
Name GAYLE, RENALDO  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER  
Name CLARKE, BRENTON  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name OZROVITZ, ELAINE  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** RENALDO GAYLE

**D**

**05/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date