

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002662

**Entity Name:** WEDGEWOOD ESTATES COMMUNITY ASSOCIATION INC.

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC4282410494**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O J & L PROPERTY MGMT INC  
10191 W SAMPLE RD, SUITE 203  
CORAL SPRINGS, FL 33065 US

**FEI Number: 65-0448226**

**Certificate of Status Desired: No**

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

CALDERAZZO, JAMES  
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            PRESIDENT  
Name            KROHN, BARRY C  
Address        10191 W SAMPLE RD  
                  203  
City-State-Zip: CORAL SPRINGS FL 33065

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

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

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

Title            TREASURER  
Name            GAYLE, RENALDO  
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: BARRY KROHN**

**P**

**04/06/2018**

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

\_\_\_\_\_  
Date