

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002662

**FILED**  
**Mar 29, 2013**  
**Secretary of State**  
**CC6205431372**

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

**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 P  
Name ADSMOND, ROSE  
Address 90 NW 110 TERR  
City-State-Zip: FORT LAUDERDALE FL 33324

Title S  
Name DAVIS-POWERS, KAREN  
Address 11061 NW 1 ST  
City-State-Zip: SUNRISE FL 33324

Title VP  
Name GAGNON, CHRISTIAN  
Address 11011 NW 1ST STREET  
City-State-Zip: PLANTATION FL 33324

Title T  
Name KROHN, BARRY  
Address 61 NW 110 AVE  
City-State-Zip: PLANTATION FL 33324

Title D  
Name DELAGARZA, JUANA  
Address 71 NW 110TH AVE  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name GAYLE, RENALDO  
Address 11021 NW 1ST STREET  
City-State-Zip: PLANTATION FL 33324

*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:** ROSE ADSMOND

**PRESIDENT**

**03/29/2013**

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

\_\_\_\_\_  
Date