

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90073 028 \*\*\*\*61.25

<b>DOCUMENT # 770419</b> 1. Entity Name <b>WEDGWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10730 US HWY 19 SUITE 17 PORT RICHEY, FL 34668</b>			Mailing Address <b>10730 US HWY 19 SUITE 17 PORT RICHEY, FL 34668</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2382295</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US HWY 19 SUITE 17 PORT RICHEY, FL 4668</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PD</del> <del>PERRY, ED</del> <del>9558 DANVILLE COURT -</del> <del>NEW PORT RICHEY, FL -</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Stevens, Anne 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VD</del> <del>FLEMING, DANIEL - - -</del> <del>9558 DANVILLE COURT</del> <del>NEW PORT RICHEY, FL - - -</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD McGrath, Marie 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VD</del> <del>IRWIN, JAMES -</del> <del>4845 BOONESBORO COURT -</del> <del>NEW PORT RICHEY, FL -</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LaFreniere, Ruth 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TD</del> <del>FRANK, FRED - - -</del> <del>4050 LYNCHBURG COURT</del> <del>NEW PORT RICHEY, FL -</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Bowen, Isabel 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SD</del> <del>MOLES, PATRICIA -</del> <del>4040 LEYTE COURT - -</del> <del>NEW PORT RICHEY, FL -</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Molles, Patricia 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Anne Stevens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-25-06</u> Daytime Phone # _____		