


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 019 ****61.25

DOCUMENT # 770419 1. Entity Name WEDGWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10730 US HWY 19 SUITE 17 PORT RICHEY, FL 34668			Mailing Address 10730 US HWY 19 SUITE 17 PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box # Goldstar Mgmt Co. Suite, Apt. #, etc. 2435 US 19 #270		3. Mailing Address Goldstar Mgmt Co. Suite, Apt. #, etc. 2435 US 19 #270			
City & State Holiday 34691		City & State Holiday FL			
Zip FL		Country USA		Zip 34691	
Country USA		Country USA			
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US HWY 19 SUITE 17 PORT RICHEY, FL 4668			7. Name and Address of New Registered Agent Name Goldstar Management Company Street Address (P.O. Box Number is Not Acceptable) 2435 US 19 Sk 270 City Holiday FL Zip Code 34691		
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 <u><i>Jeffrey Ulm</i></u> Jeffrey Ulm 3/17/2007 <small>Signature, name, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, ANNE 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 9560 Bunker Hill Ct. New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGRATH, MARIE 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFRENIERE, RUTH 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vogel, Blanche 9547 Bunker Hill Ct. New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, ISABEL 10730 US 19 STE 17 NEW PRT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLLES, PATRICIA 10730 US 19 STE 17 NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>B. J. Costello</i></u> 3-20-07 127 946 1206 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40083708



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2382295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**