2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVE AND FILED

06 AUG 28 PH 4: 07

1. Entity Name WEDGEWOOD BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					SECRETARY OF STATE TALLAHASSEF, FLORIDA			
Principal Place of Business 370 ANSIN BLVD HALLANDALE BEACH, FL 33009		Mailing Address 370 ANSIN BLVD HALLANDALE BEACH, FL	33009		TELMINOSE	EST COMITA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		401 NW 10 TERIACE Suite, Apt. #, etc.		0000000				
City & State		City & State		4. FEI Number	hg-NP (CR2E037 (4/06)	plied For	
Zip Country		HALLANDALE BEACH FL			20-2679380 Not Applicable			
Z/p	Country		BROWARD	5. Certificate of St	atus Desired [\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name .	7. Name and Add	ress of New Regis	tered Agent		
KROHN, DAVID MESSE				SSENGER D				
370 ANSIN BLVD HALLANDALE BEACH, FL 33009				Street Address (P.O. Box Number is Not Acceptable)				
			City	LANDALE BEI	ACH_FL	3300 El Zip Code	29	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re-	egistered agent, or both, in	the State of Florida	. I am familiar with.	and accept	
	tions of registried agent.	_					•	
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature r	required when reinstating)		DATE		
				\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND DIR		11,	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN		
TITLE NAME	PD KROHN, DAVID	Delete	TITLE /	PD MESSENGEL, D 401 NW 107	AVID	☐ Change	Addition	
STREET ADDRESS	370 ANSIN BLVD	_						
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	⊋ 	CITY-ST-ZIP	HALLANDALEBE 150	ACH FL 3	3 <i>3009</i> □ Change	N Addition	
NAME	KROHN, BARRY	-ESI Delete	NAME /	HIPPOLYTE GAEG	FORY	☐ Change	X Addition	
STREET ADORESS CITY-ST-ZIP	370 ANSIN BLVD HALLANDALE BEACH, FL 33009	.	STREET ADDRESS A	401 NW 10 7	ELLACE	72440		
TITLE	STD	Ø Delete	T 7/7/ C	HALLANDALE I			⊠ Addition	
NAME	KROHN, DANIEL	E4 0000	NAME [DELAESPRIELLA	a, LEYLA) <u></u>	
STREET ADORESS CITY-ST-ZIP				JELHESI KIL	<i>*</i>			
)	a	STREET ADDRESS	401 NW 10 16	ERACO	m 220	.0	
TITLE	370 ANSIN BLVD HALLANDALE BEACH, FL 3300		STREET ADDRESS	HALLANDALE	ERACO	<i>FL 3300</i> □ Change	Addition	
NAME	\ '	Delete	CITY-ST-ZIP TITLE NAME	HALLANDALE	BEACH	☐ Change		
İ	\ '		STREET ADDRESS A CITY-ST-ZIP TITLE	HALLANDALE	ERACO	☐ Change	Addition	
NAME STREET ADDRESS	\ '		CITY-ST-ZIP TITLE NAME STREET ADDRESS	HALLANDALE	BEACH	□ Change 31547	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\ '	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALLANDALE	BEACH	□ Change 31847 014 **81.	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	\ '	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALLANDALE	BEACH	□ Change 31847 014 **81.	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\ '	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALLANDALE	BEACH	□ Change 31847 014 **81.	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\ '	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALLANDALE	BEACH	□ Change □ 1 5 4 7 014 **61. □ Change	Addition 25 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\ '	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALLANDALE	BEACH	□ Change □ 1 5 4 7 014 **61. □ Change	Addition 25 Addition	

12. Thereby certify that the information supplied with this timp does not quality for me exemptions contained in Chapter 119, Plonida 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 eath; that I am an officer or director of the corporation or the receiver or true exemptions expected to expect 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06 305-986-1331 Date Daytime Proce #

81280