

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 28 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001906 1. Entity Name WEDGEWOOD BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 370 ANSIN BLVD HALLANDALE BEACH, FL 33009			Mailing Address 370 ANSIN BLVD HALLANDALE BEACH, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 401 NW 10 TERRACE Suite, Apt. #, etc.			
City & State _____		City & State HALLANDALE BEACH FL		4. FEI Number 20-2679380	
Zip 33009		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROHN, DAVID 370 ANSIN BLVD HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name MESSENGER, DAVID Street Address (P.O. Box Number is Not Acceptable) 401 NW 10 TERRACE HALLANDALE BEACH FL 33009 City FL Zip Code	
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 _____					
Amended AR is \$61.25		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 KROHN, DAVID 370 ANSIN BLVD HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSENGER, DAVID 401 NW 10 TERRACE HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROHN, BARRY 370 ANSIN BLVD HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HIPOLYTE GREGORY 401 NW 10 TERRACE HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KROHN, DANIEL 370 ANSIN BLVD HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELAESPRIELLA, LEYLA 401 NW 10 TERRACE HALLANDALE BEACH FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input 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	_____	<input 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	_____	<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:			8/23/06 305-986-1331 Date Daytime Phone #		

8/26/06