

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N06153 1. Entity Name WEDGEWOOD PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2806 WEDGEWOOD DRIVE PLANT CITY FL 33566-0925		Mailing Address 2806 WEDGEWOOD DR PLANT CITY FL 33566	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TARAS, WALTER 2701 WEDGEWOOD DRIVE PLANT CITY FL 33566-0925		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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) Signature, typed or printed name of registered agent and title if applicable			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P TARAS, WALTER 2701 WEDGEWOOD DRIVE PLANT CITY FL 33566-0925	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PAGE, RAY 2801 WEDGEWOOD DR PLANT CITY FL 33567	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD STONE, CHARLES M 3806 WEDGEWOOD DR PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
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1st MOORE CR2E037 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☒

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

000000433602
02/24/06-80025-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ Charles M. Stone

02/09/06 (P12) 752-870