

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90026 044 ****61.25

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
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2. Principal Place of Business - No P.O. Box # 2801 WEDGEWOOD DR Suite, Apt. #, etc.	3. Mailing Address 2801 WEDGEWOOD DR Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State PLANT CITY, FL	City & State PLANT CITY FL	4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
Zip 33566	Country U.S.A.	Zip 33566	Country U.S.A.
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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 PAGE, RAYMOND W. Street Address (P.O. Box Number is Not Acceptable) 2801 WEDGEWOOD DR City PLANT CITY FL Zip Code 33566
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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 *Raymond W. Page* **RAYMOND W. PAGE, PRESIDENT** **4/29/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EUKOVICH, SHERLYN 2710 WEDGEWOOD DR PLANT CITY, FL 33566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGE, RAY 2801 WEDGEWOOD DR PLANT CITY FL 33567 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Page, Raymond W. 2801 Wedgewood DR PLANT CITY, 33566 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONE, CHARLES M 3806 WEDGEWOOD DR PLANT CITY FL 33566 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Page, GERRI BALDRIDGE 2801 Wedgewood DR PLANT CITY, FL 33566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARE, CARA 2808 WEDGEWOOD DR PLANT CITY, FL 33566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Walter Taras* **4-25-07** **813-754-0711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #