

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08627

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: WEDGE WOOD OF PALM HARBOR HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2635 BILGORE GROVE BOULEVARD  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

2635 BILGORE GROVE BLVD.  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

FEI Number: 59-2521662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZACUR, RICHARD A  
5200 CENTRAL AVE.  
ST PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDD ( ) Delete  
Name: WALSH, ADELE  
Address: 681 FIRST CT.  
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD ( ) Delete  
Name: SATTINGER, ROY  
Address: 2618 10TH CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete  
Name: LEWIS, PEGGY  
Address: 2617 2ND CT.  
City-St-Zip: PALM HARBOR, FL 34684

Title: T ( ) Delete  
Name: DICKERT, GENE  
Address: 2605 6TH CT.  
City-St-Zip: PALM HARBOR, FL 34684

Title: ASD ( ) Delete  
Name: DALY, JOHN  
Address: 2753 5TH CT  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDD (X) Change ( ) Addition  
Name: DALY, JOHN  
Address: 2753 5TH CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASD (X) Change ( ) Addition  
Name: COWART, CRAIG  
Address: 730 FIRST CT.  
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE ANN TINUS

MGR

01/29/2009

Electronic Signature of Signing Officer or Director

Date