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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09340

1. Corporation Name

WEDGEWOOD PLAZA 3 & 4 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1489 MARKET CIR
PT CHARLOTTE FL 33953
US

1544 MARKET CIR.
BUILDING 8
PT. CHARLOTTE FL 33953
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/17/1985

4. FEI Number

65-0393574

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

UEBELACKER, DIANA
23238 GLORY AVE. 11730 S.W. DALLAS DR N
PT. CHARLOTTE FL 33952 Lake Suzy, FL 34266

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME UEBELACKER, DIANA R

STREET ADDRESS 23238 GLORY AVE.

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE VD ☐ DELETE

NAME UEBELACKER, ROBERT J

STREET ADDRESS 326 CATHERINE AVE.

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE STD ☐ DELETE

NAME UEBELACKER, MATTHEW M

STREET ADDRESS 23238 GLORY AVE.

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 11730 S.W. Dallas Dr N

1.3 STREET ADDRESS Lake Suzy FL 34266

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 12711 S.W. Kings Row

2.3 STREET ADDRESS Lake Suzy FL 34266

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 11730 S.W. Dallas Dr N

3.3 STREET ADDRESS Lake Suzy FL 34266

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (941) 627-2090

Date

Daytime Phone #

CR2E037 (1/98)