

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90028 049 ****61.25

DOCUMENT # N09340	
1. Entity Name WEDGEWOOD PLAZA 3 & 4 ASSOCIATION, INC.	

Principal Place of Business 1489 MARKET CIR PT CHARLOTTE FL 33953 US	Mailing Address PO BOX 495335 PORT CHARLOTTE FL 33949 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1489 Market Circle #401 Suite, Apt. #, etc.
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City & State Port Charlotte, FL	City & State Port Charlotte, FL
Zip 33953	Country USA

	
MOORE	CR2E037 (11/03)
4. FEI Number 65-0393574	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UEBELACKER, ROBERT J II 1489 MARKET CIR, BLDG 2 #401 PORT CHARLOTTE FL 33953	
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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)

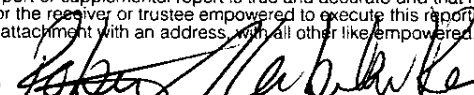
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICKLITER, MICHAEL W 1489 MARKET CIR PT CHARLOTTE FL 33953 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UEBELACKER, TRACEY 1489 MARKET CIR #401 PT CHARLOTTE FL 33953 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, CLINTON P P.O. BOX 495335 PT. CHARLOTTE FL 33949 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary = S/D Michael W Lickliter 1489 Market Circle #306 Port Charlotte, FL 33953 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President = P/D Uebelacker, Robert 1489 Market Circle #401 Port Charlotte, FL 33953 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President = V/D Danfara, Bassama 1489 Market Circle #301 Port Charlotte, FL 33953 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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:  **3-26-04 941-255-0933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #