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	Mailing Address
1489 MARKET CIR PT CHARLOTTE FL 33953 US	~~PO BOX 495335~~ ~~PORT CHARLOTTE FL 33949~~ US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1489 market Circle #401 Suite, Apt. #, etc.
City & State	City & State: Port Charlotte, FL
Zip / Country	Zip: 33953 / Country: USA

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

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 _____
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, 2004

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	D LICKLITER, MICHAEL W 1489 MARKET CIR PT CHARLOTTE FL 33953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary = S/D ~~[redacted]~~ Licklite, Michael W 1489 market Circle # 306 Port Charlotte, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~UEBELACKER, TRACEY~~ ~~UEBELACKER, Robert~~ 1489 MARKET CIR #401 PT CHARLOTTE FL 33953	☒ Delete	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	D CONWAY, CLINTON P P.O. BOX 495335 PT. CHARLOTTE FL 33949	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President = V/D Danfora, Bassama 1489 market Circle #301 Port Charlotte, FL 33953	☐ 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
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 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: [signature] 3-26-04 941-255-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #