

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90007 002 ****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

1489 MARKET CIR
PT CHARLOTTE, FL 33953 US

DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LICKLITER, MICHAEL W
1489 MARKET CIR., #306
PORT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
UEBELACKER, ROBERT
1489 MARKET CIR., #401
PT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DANFORA, BASSAMA
1489 MARKET CIR., #301
PT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-06

941-255-0933