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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:37

DOCUMENT # N12182 (4)

1. Corporation Name
WEDGEWOOD PLAZA 2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1580 MARKET CIRCLE PORT CHARLOTTE FL 33953-3833	3158 LAKEVIEW BLVD PORT CHARLOTTE FL 33952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1985
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0282980 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 1580 MARKET CIR.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 UNIT 4 E	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 PORT CHARLOTTE FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 33953 / Country 30 CHARLOTTE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEEKIN, JOHN CHARLES 21202 OLEAN BLVD SUITE C-2 PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	FRITSLER, DON	1.2 NAME	GENE BATHE	
STREET ADDRESS	1580 MARKET CIRCLE #7	1.3 STREET ADDRESS	2272 PELLAM BLVD.	
CITY-ST-ZIP	PORT CHAROLOTTE FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWERING, DOUG	2.2 NAME		
STREET ADDRESS	3158 LAKEVIEW BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	STEENBLOCK, PAM	3.2 NAME	GRUSZKA, DIANE	
STREET ADDRESS	1580 MARKET CIRCLE #1	3.3 STREET ADDRESS	1580 MARKET CIR #1	
CITY-ST-ZIP	PORT CHAROTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROY, RAY	4.2 NAME		
STREET ADDRESS	1580 MARKET CIRCLE #8	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Diane Gruszka Trea. 2-2-95 813-255-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE GRUSZKA

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