## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

SIGNATURE:

FILED					
Jan 21 1998 8:00am					
Secretary of State					

DOCU 1. Corporatio	MENT # N1218	2 (4)	•	
WEDGEWOOD PLAZA 2 ASSOCIATION, INC.				
Principal Plac	e of Business	Mailing Address		
1580 MARKET CIRCLE PORT CHARLOTTE FL 33953-3833 UNIT #I PORT CHARLOTTE FL 33953 US			,	3. Date Incorporated or Qualified
			}	11/20/1985
				4. FEI Number Applied For
2 Principal P	lace of Business	2a. Mailing Address	<del></del> ,	65-0282980   Not Applicable
21	lade of Dadinoso	26		5. Certificate of Status Desired See Required Fee Required
		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
22 27				Trust Fund Contribution Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Country	8. This corporation owes or has paid the current year Intangible
24	25	<b>⊢</b> ' ⊢	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
			81 Name	
	, JOHN CHARLES		82 Street Add	ress (P.O. Box Number is Not Acceptable)
	DLEAN BLVD		83	
SUITE C	- <del>-</del>		93	
PURIT	HARLOTTE FL 33952		84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508. Florida Statutes	s, the above-named corr	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617,0503, Flori	thorized by the corporatida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE				The second of th
40	Signature, typed or printed name of registered age		Registered Agent signature requir	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	BATHE, GENE		1,2 NAME	
STREET ADDRESS	2272 PELLAM BLVD		1,3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	Ì
TITLE	DS	DELETE	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 COLICINA DIAME	☐ DELETE	3.1 TITLE	L. Change L. Addition
NAME	GRUSIKA, DIANE 1580 MARKET CIR #1		3.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL		3.3 STREET ADDRESS	· ·
CITY-ST-ZIP	D	DELETE	3.4. CITY-ST-ZIP	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		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	ļ
CITY-ST-ZIP		D pri see	5.4 CITY-ST-ZIP	Cha
TITLE		DELETE	6.1 TITLE	Change Addition
NAME CTREET ADDRESS			6.2 NAME	

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.