2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N12182

1. Entity Name
WEDGEWOOD PLAZA 2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1580 MARKET CIRCLE PORT CHARLOTTE, FL 33953-3833	1580 MARKET CIR UNIT #1 PORT CHARLOTTE, FL 33953 US

DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0282980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, JOHN CHARLES
21202 OLEAN BLVD
SUITE C-2
PORT CHARLOTTE, FL 33952

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BOWERING, DOUG
STREET ADDRESS	3158 LAKEVIEW BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	DT
NAME	GRUSZKA, DIANE
STREET ADDRESS	1580 MARKET CIR #1
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	ROY, RAY
STREET ADDRESS	1580 MARKET CIRCLE #8
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-022 61.25

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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: Diane Gruszka DIANE GRUSZKA 1-6-05 941 255-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #