


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

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 040 ****61.25

DOCUMENT # N12182	
1. Entity Name WEDGEWOOD PLAZA 2 ASSOCIATION, INC.	

Principal Place of Business 1580 MARKET CIRCLE PORT CHARLOTTE, FL 33953-3833	Mailing Address 1580 MARKET CIR UNIT #1 PORT CHARLOTTE, FL 33953 US
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0282980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOWERING, DOUG DR WALTER A. WALTERS JR 1580 MARKET CIR #1 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GRUSZKA, DIANE 1580 MARKET CIR #1 PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROY, RAY 1580 MARKET CIRCLE #8 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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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: <u>Diane Gruszka</u> DIANE GRUSZKA	Date: <u>1-12-06</u>	Daytime Phone #: <u>941-235-1515</u>
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