

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer (if applicable)

(NOTE: Registered Agent signature is required when re-instating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS WALTERS, WALTER A JR 1580 MARKET CIR #1 PORT CHARLOTTE FL 33953	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT GRUSZKA, DIANE 1580 MARKET CIR #1 PORT CHARLOTTE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROY, RAY 1580 MARKET CIRCLE #8 PORT CHARLOTTE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

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02/14/08-80011-022-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Diane Gruszka* DIANE GRUSZKA

2-108 844-828-0171