2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90004 034 ****61.25

DOCUMENT # N13891

1. Entity Name

WEDGEWOOD COMMONS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1825 NO. TAMIAMI TRAIL NOKOMIS FL 34275	153 CENTER RD VENICE FL 34285

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2775094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT
153 CENTER ROAD
VENICE FL 34285

7. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	P YOUNG, JEAN 1815 NO TAMIAMI NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NOLAND, ROBERT 1823 NO. TAMIAMI TRAIL NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUGAN, DON 1825 NO. TAMIAMI TRAIL NOKOMIS FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Margaret Strachan 1835 N. Tamiami Tr. Nokomis, FL 34275	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOCHRIE, SUZANNE 1829 NO. TAMIAMI TRAIL NOKOMIS FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Tina O'Neil 1829 N. Tamiami Tr. Nokomis, FL 34275	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUGAN, FRED 1827 NO. TAMIAMI TRAIL NOKOMIS FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Charland 1839 N. Tamiami Tr. Nokomis, FL 34275	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLER, CARL 1837 NO TAMIAMI NOKOMIS FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert Noland Robert Noland 2-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #