

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 034 ****61.25

DOCUMENT # N17141

1. Entity Name
WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
8555 EAGLE RUN DR.
BOCA RATON, FL 33434

Mailing Address
8555 EAGLE RUN DR.
BOCA RATON, FL 33434

54000016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0050545

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

KATZ, EILEEN
8555 EAGLE RUN DRIVE
BOCA RATON, FL 33434

Name **SWIFT Management Solutions**
Street Address (P.O. Box Number is Not Acceptable)
1750 University Dr #205
City **Coral Springs FL** Zip **33071**

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

Filing Fee is \$61.25
Due by May 1, 2004

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 **SD** ☒ Delete
NAME **SYKES, LYNN**
STREET ADDRESS **8639-10 EAGLE RUN DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **HENCH, HAROLD**
STREET ADDRESS **8687 EAGLE RUN DR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DERENGOWSKI, ED**
STREET ADDRESS **8632 EAGLE RUN**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **KAPLAN, EDWARD**
STREET ADDRESS **8728 EAGLE RUN DR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **KATZ, EILEEN**
STREET ADDRESS **8555 EAGLE RUN DR**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/04 954341-6340

Eileen