

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90091 039 ****61.25

DOCUMENT # N17141 1. Entity Name WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071		Mailing Address 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc.		3. Mailing Address 778 South Military Trail Suite, Apt. #, etc.	
City & State Deerfield Beach FL Zip 33442		City & State Deerfield Beach FL Zip 33442	
4. FEI Number 65-0050545		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR. # 205 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Gary Palombi Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442	
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, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 VPD NAME HENCH, HAROLD STREET ADDRESS 8887 EAGLE RUN DR CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Anthony Santangelo STREET ADDRESS 8639-12 Eagle Run Dr CITY-ST-ZIP Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DERENGOWSKI, ED STREET ADDRESS 8632 EAGLE RUN CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE T NAME Mary Lisa Koniszewski STREET ADDRESS 8566 Eagle Run Dr CITY-ST-ZIP Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME KAPLAN, EDWARD STREET ADDRESS 8728 EAGLE RUN DR CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE S NAME SONIA Wegweiser STREET ADDRESS 8645-05 EAGLE RUN DRIVE CITY-ST-ZIP Boca Raton FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME KATZ, EILEEN STREET ADDRESS 8555 EAGLE RUN DR CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE D NAME Lori Huebner STREET ADDRESS 8542 Eagle Run Dr CITY-ST-ZIP Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KAPLAN, BERNIE STREET ADDRESS 8645-17 EAGLE RUN DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME DEMNER, BEA STREET ADDRESS 8573 EAGLE RUN DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Bea Demner</u>		Date <u>4/16/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	