

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90243 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                                                                                                       |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N17141</b><br>1. Entity Name<br><b>WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                      |                                                                                                  |
| Principal Place of Business<br><b>778 SOUTH MILITARY TRAIL<br/>DEERFIELD BEACH, FL 33442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                     |                                                              | Mailing Address<br><b>778 SOUTH MILITARY TRAIL<br/>DEERFIELD BEACH, FL 33442</b>                                                                                                                                                      |                                                                                                  |
| 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                                                      | 4. FEI Number<br><b>65-0050545</b>                                                                                                                                                                                                    |                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                     |                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>PALOMBI, GARY<br/>778 SOUTH MILITARY TRAIL<br/>DEERFIELD BEACH, FL 33442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                                                                                                       |                                                                                                  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                    |                                                                                                  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                                                                                                       |                                                                                                  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                                       |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>SANTANGELO, ANTHONY</b><br><b>8639-12 EAGLE RUN DR</b><br><b>BOCA RATON, FL 33434</b> | <input type="checkbox"/> Delete                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <b>P</b><br><b>KONISZEWSKI, MARY L</b><br><b>8566 EAGLE RUN DR</b><br><b>BOCA RATON FL 33434</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>KONISZEWSKI, MARY L</b><br><b>8566 EAGLE RUN DR.</b><br><b>BOCA RATON, FL 33434</b>   | <input type="checkbox"/> Delete                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <b>S</b><br><b>Kristin Fernandes</b><br><b>8698 Eagle Run Dr.</b><br><b>Boca Raton FL 33434</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>WEGWEISER, SONIA</b><br><b>8645-05 EAGLE RUN DRIVE</b><br><b>BOCA RATON, FL 33434</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | (Empty)                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>HUEBNER, LORI</b><br><b>8542 EAGLE RUN DR.</b><br><b>BOCA RATON, FL 33434</b>         | <input type="checkbox"/> Delete                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <b>T</b><br><b>Bruce Pachter</b><br><b>8602 Eagle Run Drive</b><br><b>Boca Raton, FL 33434</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>DEMNER, BEA</b><br><b>8573 EAGLE RUN DR.</b><br><b>BOCA RATON, FL 33434</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | (Empty)                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                              | <input type="checkbox"/> Delete                                                     |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | (Empty)                                                                                          |
| 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. |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                                                                                                       |                                                                                                  |
| <b>SIGNATURE: <u>Mary Lisa Koniszecki</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                     |                                                              |                                                                                                                                                                                                                                       |                                                                                                  |
| Date <b>4/9/08</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                     |                                                              | Daytime Phone #                                                                                                                                                                                                                       |                                                                                                  |