

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25966

FILED
Feb 11, 2009
Secretary of State

Entity Name: WEDGEWOOD COVE AT SHENANDOAH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

561 LOWELL LANE
DAVIE, FL 33325

New Principal Place of Business:

14101 OAK RIDGE DR
DAVIE, FL 33325

Current Mailing Address:

PO BOX 550142
DAVIE, FL 333550142 US

New Mailing Address:

FEI Number: 59-1945526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLOMEO, JOHN
561 LOWELL LANE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

DE LA ESPRIELLA, DAVID
14101 OAK RIDGE DR
DAVIE, FL 33325 US

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.

SIGNATURE: DAVID DE LA ESPRIELLA

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOHN BARTOLOMEO,
Address: 561 LOWELL LANE
City-St-Zip: DAVIE, FL

Title: P () Delete
Name: COLLIER, WILLIAM R
Address: 13980 OAK RIDGE RD
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: CASALE, EUGENE III
Address: 601 ROYAL PALM WAY
City-St-Zip: DAVIE, FL 333325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DE LA ESPRIELLA, DAVID
Address: 14101 OAK RIDGE DR
City-St-Zip: DAVIE, FL

Title: VP (X) Change () Addition
Name: FARLEY, WILLIAM
Address: 641 LOWELL LANE
City-St-Zip: DAVIE, FL 33325

Title: SECR (X) Change () Addition
Name: KANE, ROBERT
Address: 14021 OAK RIDGE DR
City-St-Zip: DAVIE, FL 333325

Title: TREA () Change (X) Addition
Name: HINTZE, VOLKER
Address: 650 LOWELL LANE
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DE LA ESPRIELLA

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date