

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25966

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

650 LOWELL LANE  
DAVIE, FL 33325

**New Principal Place of Business:**

14101 OAK RIDGE DR  
DAVIE, FL 33325

**Current Mailing Address:**

650 LOWELL LANE  
DAVIE, FL 33325

**New Mailing Address:**

PO BOX 550142  
DAVIE, FL 33355

**FEI Number:** 59-1945526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: COLLIER, WILLIAM  
Address: 13980 OAK RIDGE DRIVE  
City-St-Zip: DAVIE, FL 33325

Title: SECR  
Name: PUSCAS, KATHY  
Address: 14051 OAK RIDGE DRIVE  
City-St-Zip: DAVIE, FL 33325

Title: TREA  
Name: HINTZE, VOLKER W  
Address: 650 LOWELL LANE  
City-St-Zip: DAVIE, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: VOLKER W HINTZE

TREA

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date