2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29084

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: WEDGEWOOD OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2027 BERRY ROBERTS DRIVE 2022 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 US SUN CITY CENTER, FL 33573 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 5738

SUN CITY CENTER, FL 335715738 US

FEI Number: 65-0097179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEIB, PATRICIA S A 420 W. PLATT STREET. TAMPA, FL 33606

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BRUNSKILL, LESLIE LIEBNER, MANFRED Name: Name:

2027 BERRY ROBERTS DR. Address: 2022 NEW BEDFORD DR. Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: Title: (X) Change () Addition () Delete BARRON, WILLIAM A Name: CRAIG, JACK Name:

Address: 2015 NEW BEDFORD DR. Address: 2019 BERRY ROBERTS DR. City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Delete Title: (X) Change () Addition

WILSON, MARILYN WILSON, MARILYN Name: Name: 2016 NEW BEDFORD DRIVE 2016 NEW BEDFORD DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Delete Title: (X) Change () Addition Name: HOBBS, FRANK Name: GARRETSON, GERALDINE 2028 BERRY ROBERTS DRIVE Address: Address: 2056 BERRY ROBERTS DRIVE

City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: (X) Delete Title: () Change () Addition

CRAIG, JACK Name: Name: 2019 BERRY ROBERTS DRIVE Address: Address: SUN CITY CENTER, FL 33573 City-St-Zip: City-St-Zip:

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: MARILYN WILSON Т 01/16/2009