

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35975 (4)

1. Corporation Name

THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6230 BISCAYNE BLVD.
GREENACRES FL 33463

C/O PROPERTY MGMT RESOURCES
4000 S. 57TH AVE. SUITE 101
LAKE WORTH FL 33463



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/27/1989

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0183464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

FLATOW, JERRY

C/O PROPERTY MANAGEMENT RESOURCE, INC.

4000 S. 57TH AVE. SUITE 101

LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SOLDANO, ANTHONY
STREET ADDRESS 3527 MILLBROOK WAY CIRCLE
CITY-ST-ZIP GREENACRES FL

TITLE VD ☐ DELETE

NAME SHAMES, BOBBY
STREET ADDRESS 3537 MILLBROOK WAY CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE S ☐ DELETE

NAME WAGNER, CHUCK
STREET ADDRESS 3500 MILLBROOK WAY CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE V ☐ DELETE

NAME FATINO, LUCY
STREET ADDRESS 3504 RIDGE TREE COURT
CITY-ST-ZIP GREENACRES FL

TITLE TD ☐ DELETE

NAME JEFFERS, WILLIAM
STREET ADDRESS 3522 MILLBROOK WAY CIRCLE
CITY-ST-ZIP GREENACRES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition

Philip HIRSCHFIELD
3529 MILLBROOK WAY CIRCLE
GREENACRES, FL 33463

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William W. Jeffers (WILLIAM W. JEFFERS-Treas.)

6/1/96 561-969-6036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)