FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90101 050 ****61.25

Pres./Dir	Anthony Soldano 3527 Millbrook Way Cir. Greenacres Fl 33463
VP/Dir	Ray Bowers 6118 Elm Way Ct. Greenacres Fl 33463
Sec/Dir	Otto Kupper 6116 Elm Way Ct. Greenacres Fl 33463
2nd VP/Dir	Mike Bretschneider 3521 Millbrook Cir Greenacres Fl 33463
Treas./Dir	William Jeffers 3522 Millbrook Way Cir. Greenacres Fl 33463

03011999-90101-050-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0046345

DOCUMENT - 2

281021 - 90085 - 43

DOCUMENT # N35975

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 CMC MANAGEMENT 2994 JOG RD., SUITE B GREENACRES FL 33467 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/27/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0183464 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JEFFERS, WILLIAM
3522 MILLBROOK CIRCLE
GREENACRES FL 33463

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	EMERT, GLENN		1.2 NAME	Soldano, Anthony	
STREET ADDRESS	3510 RIDGE TREE CT		1.3 STREET ADDRESS	3527 Millbrook Way Circle	
CITY-ST-ZIP	GREENACRES FL 33463		1.4 CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HIRSCHFIELD, PHILIP		2.2 NAME	Bowers, Ray	
STREET ADDRESS	3529 MILLBROOK WAY CIR		2.3 STREET ADDRESS	6118 Elm Way Court	
CITY-ST-ZIP	GREENACRES FL 33463		2.4 CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KUPPER, OTTO		3.2 NAME		
STREET ADDRESS	6116 ELM WAY CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BRETTSCHNEIDER, MIKE		4.2 NAME	VP	
STREET ADDRESS	3521 MILLBROOK CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	JEFFERS, WILLIAM		5.2 NAME		
STREET ADDRESS	3522 MILLBROOK WAY CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL 33463		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: William E Jeffers REQUIRED 2/3/99 (561) 969-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #