

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90043 027 ****61.25

DOCUMENT # N35975

1. Entity Name

**THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**6230 BISCAYNE BLVD.
GREENACRES FL 33463**

Mailing Address

**C/O CMC MANAGEMENT
2994 JOG RD., SUITE B
GREENACRES FL 33467
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0183464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERRISH, SCOT A
C/O CMC MGMT., INC
2994 JOG RD., STE. B
GREENACRES FL 33467**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** ☐ Delete
NAME: **PEREZ, SILVIO**
STREET ADDRESS: **3508 WESTMINISTE WAY**
CITY-ST-ZIP: **GREENACRES FL 33463**

TITLE: **PD** ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **PD** ☐ Delete
NAME: **SOLDANO, ANTHONY**
STREET ADDRESS: **3527 MILBROOK WAY CIRCLE**
CITY-ST-ZIP: **GREEN ACRES FL 33463**

TITLE: **2VPD** ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **SD** ☐ Delete
NAME: **HOLSAPPLE, IVAN**
STREET ADDRESS: **6113 POND TREE COURT**
CITY-ST-ZIP: **GREENACRES FL 33463**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **2VPD** ☐ Delete
NAME: **EMERT, GLENN**
STREET ADDRESS: **3510 MILLBROOK WAY CIR**
CITY-ST-ZIP: **GREENACRES FL 33463**

TITLE: **D** ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **TD** ☐ Delete
NAME: **FORSBURG, NANCY**
STREET ADDRESS: **3511 MILLBROOK WAY CIRCLE**
CITY-ST-ZIP: **GREENACRES FL 33463**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **IVPD** ☐ Change ☒ Addition
NAME: **Goldberg, Francine**
STREET ADDRESS: **3503 millbrook Way Circle**
CITY-ST-ZIP: **Greenacres, FL 33463**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2006 (561)

641-1016