

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 041 ****61.25

DOCUMENT # N35975

1. Entity Name
**THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2950 JOG RD
GREENACRES, FL 33467**

Mailing Address
**2950 JOG RD
GREENACRES, FL 33467**

400431



DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP

CR2E037 (4/06)

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

**DICKER, EDWARD ESQ.
1818 AUSTRALIAN AVE S STE 400
W PALM BCH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, SILVIO 3508 WESTMINISTE WAY GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOLSAPPLE, IVAN 6113 POND TREE COURT GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | IVD EMERT, GLENN 3510 MILLBROOK WAY CIR GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VD FORSBURG, NANCY 3511 MILLBROOK WAY CIRCLE GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GOLDBERG, FRANCINE 3503 MILLBROOK WAY CIR LAKE WORTH, FL 33463 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

03/03/08

Date

Daytime Phone #

(561)

641-1016