

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 MOVED

**CORPORATION
ANNUAL REPORT
1995**



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

1995 FEB 23 AM 9:20

DOCUMENT # N47542 (8)
1. Corporation Name
WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC.

STATE OF FLORIDA

Principal Place of Business Mailing Address
**2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570** **2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1992** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-3124193** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**STARKEY, JERRY L.
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KELSEY, PATRICIA A.
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	VD
NAME	STARKEY, JERRY L.
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	STD
NAME	FLANN, MILTON
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100001415351
2.4 CITY - ST - ZIP	-02/24/95--01112--003
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	****780.00 ****130.00
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2-23
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Patricia A. Kelsey 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE