

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/25/1992</b>		3a. Date of Last Report <b>02/23/1995</b>	
21 <b>2008 Captiva Court</b>		26 <b>2008 Captiva Court</b>		4. FEI Number <b>59-3124193</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 <b>Sun City Center, FL</b>		28 <b>Sun City Center, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip <b>33573</b>		Country <b>USA</b>		29 <b>33573</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STARKEY, JERRY L.</b> <b>2020 CLUBHOUSE DR.</b> <b>SUN CITY CENTER FL 33570</b>				81 Name <b>Misner, Jack R.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2008 Captiva Court</b>			
				83			
				84 City <b>Sun City Center, FL</b> 85 Zip Code <b>33573</b>			

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 *Jack R. Misner* **Jack R. Misner** **February 5, 1996**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELSEY, PATRICIA A.</b>			1.2 NAME	<b>MISNER, JACK R.</b>		
STREET ADDRESS	<b>2020 CLUBHOUSE DR.</b>			1.3 STREET ADDRESS	<b>2008 Captiva Court</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>			1.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STARKEY, JERRY L.</b>			2.2 NAME	<b>CORBETT, ROY G.</b>		
STREET ADDRESS	<b>2020 CLUBHOUSE DR.</b>			2.3 STREET ADDRESS	<b>2209 WESTMINSTER MANOR LANE</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>			2.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLINN, MILTON</b>			3.2 NAME	<b>FIDEL, JOHN A.</b>		
STREET ADDRESS	<b>2020 CLUBHOUSE DR.</b>			3.3 STREET ADDRESS	<b>2203 WESTMINSTER MANOR LANE</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>			3.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Jack R. Misner* **Jack R. Misner** **February 5, 1996** **633-0348**  
(813)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)