FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

N47542

(8)

WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC.													
Principal Plac	ce of Business	Mailing	Address					1 1841/60) DII VIDII 1888 86/1 BIBIN 16	ic dibei dibil	#1##1#1#1# #1	811 919 11 1481		
2008 CAPTIVA COURT SUN CITY CENTER FL 33573 US 2. Principal Place of Business		SUN CIT	2008 CAPTIVA COURT SUN CITY CENTER FL 33573-6477 US										
i								 Date Incorporated or Qualified 02/25/1992 		of Last R 2/09/19:			
2. Principal F	Place of Business	2a. Mai	2a. Mailing Address					4. FEI Number		Ap	plied For		
21		26						59-3124193	and the same of th		t Applicable		
Suite, Apt.	#, etc.	j	e, Apt. #, etc.					5. Certificate of Status Desired		\$8.75			
City & Stat		27 Cits	& State					C. Filesia, Occasion Filesia		Fee Re			
23		— — ´	28					Election Campaign Financing Trust Fund Contribution		\$5.00 Added			
Zip	Country		Zip			Country		This corporation has liability for in					
24	25	29		30	,				Yes		199.032,		
	9. Name and Address of Cur		Agent	1001	Τ			10. Name and Address of New Reg					
					81	Name					,		
MISNER	, JACK R.				82	Stroot /	Address	s (P.O. Box Number is Not Acceptable	2)				
	APTIVA COURT					DUBBUT	100165	a (1.0. Box Number is Not Acceptable	- 7				
SUN CIT	TY CENTER FL 33573				83								
					84	City				85 Zip (Code		
44 ()					<u> </u>				<u>FL</u>				
office or	to the provisions of Sections 617 C registered agent or both, in the St	0502 and 617.10 ate of Florida. S	508, Florida Statu uch change was	tes, the a authorize	ibove ad by	-named the corp	corporation	ation submits this statement for the pun's board of directors. I hereby accept	rpose of c the appoi	changing it ntment as	s registered registered		
agent La	am familiar with and accept the ob	gations of Sec	tion 617.0503, FI	orida Sta	tutes								
SIGNATURE	Spriature, typed or profess name of registered	mu						when reinstating)	· Z	<u>/</u>			
12.	44	AND DIRECTOR		13.	a Ager	it signature	required	ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 12		
THLE	PD	WID DIVIDENCE	DELETE	1.1 T	ITLE			7,001101070717102010 011101		Change	Addition		
NAME	MISNER, JACK R.				IAME	AE					_		
STREET ADDRESS	2008 CAPTIVA COURT			135	TREET	ADDRESS							
CITY-ST-7#P	SUN CITY CENTER FL				ITY-ST	ı							
TITLE	VD		DELETE	211			R \	7D		Change	☐ Addition		
NAME	CORBETT, ROY G.		x	22 N	IAME			JL A. WHEAT	-				
STREET ADDRESS	2209 WESTMINSTER MANO	OR LANE	LANE		TAEET	REET ADDRESS		1 WESTMINSTER LA	NE				
CITY - ST - ZIP	SUN CITY CENTER FL			2.40	CITY-S	I-ZIP	NUS	CITY CENTER, FL	335	573			
TITLE	TRD		DELETE.	31 T	ITLE		TRD	CE HELEN STEPHENS	×	Change	Addition		
NAME	FIDEL, JOHN A.			32 N	IAME	ļ	ALI	CE HELEN STEPHENS	3				
STREET ADDRESS	2203 WESTMINSTER MANO	OR LANE		335	TREET	ADDRESS		on menti president		DI			
CITY-ST-ZIP	I CHAIRITY CENTED EI							1 SOUTH PEBBLE BI	EACH				
TITLE	SUN CITY CENTER FL				CITY-SI			1 SOUTH PEBBLE BI CITY CENTER, FL	EACH 2357 :	3:			
NAME	SUN CIT CENTER FL		DELETE	4.1 10	ITLE		SUN	1 SOUTH PEBBLE BI	EACH 2357 :	3:	Addition		
	SUN CITT CENTER FL		DELETE	4.1 Ti 4.2 N	ITLE NAME	F- Z IP	SUN SD	1 SOUTH PEBBLE BI CITY CENTER, FL	EACH 2357 :	3:	Addition		
STHEET ADORESS	SUN CITT CENTER FL		DELETE	4.1 TI 4. 2 M 4.3 S	ITLE NAME TREET /	r-ZIP Address	SUN SD LOR	1 SOUTH PEBBLE BI CITY CENTER, FL RRAINE KONRAD	EACH 2357 [Change	Addition		
CITY - ST - ZIP	SUN CITT CENTER FL			4.1 TI 4.2 M 4.3 S 4.4 C	ITLE NAME TREET A	r-ZIP Address	SUN SD LOR 201	1 SOUTH PEBBLE BI CITY CENTER, FL RRAINE KONRAD 7 SOUTH PEBBLE B	EACH 2357 [EACH	3: Change BL			
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14. I do 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 eath; 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 chapted, or on anyattachment with an address.

SIGNATURE:

Niconco Jack R. Misner February 24, 1997 6833-0348
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

FILED

Mar 19 1997 8:00am

Secretary of State