

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47542 (8)

1. Corporation Name
WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 2008 CAPTIVA COURT SUN CITY CENTER FL 33573 US	Mailing Address 2008 CAPTIVA COURT SUN CITY CENTER FL 33573 US
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3. Date Incorporated or Qualified 02/25/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3124193	

2. Principal Place of Business 21 2006 S. PEBBLE BEACH Suite, Apt. #, etc.	2a. Mailing Address 26 2006 S. PEBBLE BEACH Suite, Apt. #, etc.
City & State 23 SUN CITY CENTER, FL Zip Country	City & State 28 SUN CITY CENTER, FL Zip Country
24 33573	25 HILLSBOROUGH 33573

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MISNER, JACK R.
2008 CAPTIVA COURT
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name Bill Willmot
82 Street Address (P.O. Box Number is Not Acceptable) 2006 South Pebble Beach
83
84 City Sun City Center
85 Zip Code FL 33573

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 Bill Willmot **BILL WILLMOT** DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MISNER, JACK R. 2008 CAPTIVA COURT SUN CITY CENTER FL	1.1 TITLE	PD WILLMOT, BILL 2006 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WHEAT, PAUL A. 2211 WESTMINSTER LANE SUN CITY CENTER FL	2.1 TITLE	VD MICHALAS, NICK 2249 NEW BEDFORD DR SUN CITY CENTER, FL 33573
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TRD STEPHENS, ALICE HELEN 2021 SOUTH PEBBLE BEACH BL SUN CITY CENTER FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD KONRAD, LORRAINE 2017 SOUTH PEBBLE BEACH BL SUN CITY CENTER FL	4.1 TITLE	SD ENGLISH, EDWARD J. 2223 WESTMINSTER MANOR LN SUN CITY CENTER, FL 33573
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD WILLMOT, BILL 2006 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD MICHALAS, NICK 2249 NEW BEDFORD DR SUN CITY CENTER, FL 33573
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD ENGLISH, EDWARD J. 2223 WESTMINSTER MANOR LN SUN CITY CENTER, FL 33573
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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: Bill Willmot **BILL WILLMOT** (813) 633-8700

CP2E037 (10/97)