

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47542

1. Entity Name

WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2006 S PEBBLE BEACH 2003 Captiva CT. 2006 S PEBBLE BEACH 2003 Captiva CT  
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573-6481  
US US

2. Principal Place of Business

2003 Captiva Ct.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sun City CTR, FL

City & State

SAME

Zip

33573

Country

Hillsborough

Zip

SAME

Country

4. FEI Number

59-3124193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLMOT, BILL  
2006 SOUTH PEBBLE BEACH  
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name  
John Kralik  
Street Address (P.O. Box Number is Not Acceptable)  
2003 Captiva Court  
City  
Sun City Center FL Zip Code  
33573

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLMOT, BILL	
STREET ADDRESS	2006 SOUTH PEBBLE BEACH BLVD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MICHALAS, NICK	
STREET ADDRESS	2249 NEW BEDFORD DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, ALICE HELEN	
STREET ADDRESS	2021 SOUTH PEBBLE BEACH BL	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, EDWARD J	
STREET ADDRESS	2223 WESTMINSTER MANOR LN	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	John Kralik (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2003 Captiva Court	
STREET ADDRESS	Sun City CTR, FL 33573	
CITY-ST-ZIP		
TITLE	English, Edward J (VD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2223 Westminster Manor Dr.	
STREET ADDRESS	Sun City Center, FL 33573	
CITY-ST-ZIP		
TITLE	Carmela S. Grosser (TRD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2225 New Bedford Dr.	
STREET ADDRESS	Sun City Center, FL 33573	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

2/23/2000

Date

Daytime Phone #

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90094 018 \*\*\*\*61.25

C0031433



DO NOT WRITE IN THIS SPACE

CR2037 (9/99)