Applied For

\$8.75 Additional

Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N47542 1. Entity Name WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 2003 CAPTIVA CT 2003 CAPTIVA CT SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address 2208 Westminster Mimor Lane 2208 Westminster Money Land Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3124193 5. Certificate of Status Desired

フノンス		72272	[4(1) b.			70 1104000	<u> </u>
بدعس ييسوء	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent				
KRALIK, JOHN 2003 CAPTIVA CT				Street Address (P.O. Box Number is Not Acceptable), 2208 Westmasser Many Lanc			
SUN CITA	CENTER FL 33573		City Su	Jun City Center FL 3357		73	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or	registered agent, or both, in the	state of Florida.		
SIGNATURE _	Yournay U Signature typed or printed name of registered agent a		egistered Agent signatu	ure required when reinstating) DATE			
FILE NOW: 9. Election Campaign Fir FEE IS \$61.25 Trust Fund Contributio			· -	\$5.00 May Be Added to Fees	Make Check Payable to Department of State		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRALIK, JOHN 2003 CAPTIVA CT	∫ ∑L Delete	NAME STREET ADDRESS CITY-ST-ZIP	Morman Weis 2208 Westminst Sun lety Ctr.	ter Minor L FI 32503	子 Change ・かと	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUN CITY CENTER FL 33573 VD ENGLISH, EDWARD J 2223 WESTMINSTER MANOR LI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUN CITY CENTER FL 33573 TRD GRASSER, CARMELLA J 2225 NEW BAYFORD DR SUN CITY CENTER FL 33573	Ç Delete	TITLE TRO NAME STREET AODRESS CITY-ST-ZIP	Rolf Sulzberge 2201 Westmins: Sun City (tr	ter Manor 1 . FL 335	Change COS	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OON ONLY DESCRIPTION	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ļ	Change	☐ Addition

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.