

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47542

1. Entity Name

WEDGEWOOD III PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

2208 WESTMINSTER MANOR LN
SUN CITY CENTER FL 33573
US

Mailing Address

2208 WESTMINSTER MANOR LN
SUN CITY CENTER FL 33573
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

WEINLEIN, NORMAN
2208 WESTMINSTER MANOR LN
SUN CITY CENTER FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WEINLEIN, NORMAN
STREET ADDRESS 2208 WESTMINSTER MANOR LN
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ENGLISH, EDWARD J
STREET ADDRESS 2223 WESTMINSTER MANOR LN
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☒ Delete

TITLE
NAME Annen, Edward
STREET ADDRESS 2253 New Bedford Drive
CITY-ST-ZIP Sun City Center, FL 33573 ☒ Change ☐ Addition

TITLE JRD
NAME SULZBERGER, ROLF
STREET ADDRESS 2201 WESTMINSTER MANOR LN
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ 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

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

813-633-0808



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)