

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 016 ****61.25

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01032005 Chg-NP CR2E037 (10/03)

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 2005 CAPTIVA CT Suite, Apt. #, etc.		3. Mailing Address 2005 CAPTIVA CT Suite, Apt. #, etc.			
City & State SUN CITY CENTER, FL		City & State SUN CITY CENTER, FL		4. FEI Number 59-3124193	
Zip 33573	Country USA	Zip 33573	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRIGER, GERARD - STRIEPER, GERARD 2005 CAPTIVA COURT SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name - STRIEPER, GERARD Street Address (P.O. Box Number is Not Acceptable) 2005 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE STRIEPER, GERARD E. PRES. <i>Gerard E. Strieper</i> 1/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRIEPER, GERARD 2005 CAPTIVA COURT SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAMPBELL, JERRY 2019 S. PEBBLE BEACH SUN CITY ENTR. FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD SULZBERGER, ROLF 2201 WESTMINSTER MANOR LN SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARD, ANNEN 2253 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gerard E. Strieper</i> GERARD E. STRIEPER 1/5/05 813-634-5581 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					