


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003472					
1. Corporation Name WEDGEWOOD III HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 10 W LAKEVIEW AVE EUSTIS FL 32726 US			Mailing Address P O BOX 147 EUSTIS FL 32727 US		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3495989	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BLANCHARD, CLAYTON H JR. 35 EAST PINEHURST BLVD. EUSTIS FL 32726				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL 85 Zip Code	

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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE						Change Addition					
1.2 NAME						Change Addition					
1.3 STREET ADDRESS						Change Addition					
1.4 CITY-ST-ZIP						Change Addition					
2.1 TITLE						Change Addition					
2.2 NAME						Change Addition					
2.3 STREET ADDRESS						Change Addition					
2.4 CITY-ST-ZIP						Change Addition					
3.1 TITLE						Change Addition					
3.2 NAME						Change Addition					
3.3 STREET ADDRESS						Change Addition					
3.4 CITY-ST-ZIP						Change Addition					
4.1 TITLE						Change Addition					
4.2 NAME						Change Addition					
4.3 STREET ADDRESS						Change Addition					
4.4 CITY-ST-ZIP						Change Addition					
5.1 TITLE						Change Addition					
5.2 NAME						Change Addition					
5.3 STREET ADDRESS						Change Addition					
5.4 CITY-ST-ZIP						Change Addition					
6.1 TITLE						Change Addition					
6.2 NAME						Change Addition					
6.3 STREET ADDRESS						Change Addition					
6.4 CITY-ST-ZIP						Change Addition					

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 2/28/99 352-589-7000
Date Daytime Phone

CR2E037 (1/98)