

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000842

**Entity Name:** WEDGEWOOD BUSINESS PARK 370 ANSIN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 27, 2017**  
**Secretary of State**  
**CC3168409182**

**Current Principal Place of Business:**

15174 86 WAY N  
WEST PALM BEACH, FL 33418

**Current Mailing Address:**

15174 86 WAY N  
WEST PALM BEACH, FL 33418 US

**FEI Number: 20-4354826**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMOLKA, JAMES R  
15174 86 WAY N  
WEST PALM BEACH, FL 33418 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | PD                        | Title           | VD                        |
| Name            | SMOLKA, JAMES R           | Name            | ARAICA, MARCELLA          |
| Address         | 15174 86 WAY N            | Address         | 376 ANSIN BLVD            |
| City-State-Zip: | W PALM BEACH FL 33418     | City-State-Zip: | HALLANDALE BEACH FL 33009 |
| Title           | TS                        |                 |                           |
| Name            | SCHWERDT, WOLFGANG        |                 |                           |
| Address         | 374 ANSIN BLVD            |                 |                           |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |                 |                           |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES R SMOLKA**

**PRESIDENT**

**01/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date