FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 23 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19029 (0)

1. Corporation Name

WEDGEWOOD AT BONITA BAY I CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
3750 BONITA BAY BLVD BONITA SPRINGS FL 33923	3750 BONITA BAY BLVD BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2818916 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: Wedgewood
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: P.O. Box 1957
23 City & State	28 City & State: Bonita Springs FL
24 Zip / 25 Country	29 Zip: 33959 / 30 Country: Lee

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISERMAN, CLAYTON 3750 BONITA BAY BLVD BONITA SPRINGS FL 33923	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	LEROY, WILLIAM	1.2 NAME		
STREET ADDRESS	26910 WEDGEWOOD DR 302	1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	MARTIN, WENDELL	2.2 NAME	Wendell, Martin	
STREET ADDRESS	26910 WEDGEWOOD DR. 206	2.3 STREET ADDRESS	26910 Wedgewood Dr unit 206	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL. 33923	
TITLE	DP	3.1 TITLE	V. President / Dir.	☒ Change ☐ Addition
NAME	SNEDDEN, DOUGLAS	3.2 NAME	Eileen Terronez	
STREET ADDRESS	26910 WEDGWOOD DR. 202	3.3 STREET ADDRESS	26910 Wedgewood Dr. unit 201	
CITY-ST-ZIP	BONITA SPIRNGS FL	3.4 CITY-ST-ZIP	Bonita Springs FL. 33923	
TITLE	D	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	HAWLEY, RAYMOND	4.2 NAME	Howard Walker	
STREET ADDRESS	26910 WEDGEDWOOD DR 302	4.3 STREET ADDRESS	26910 Wedgewood Dr unit 206	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	Bonita Springs FL. 33923	
TITLE	DVP	5.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, PAT	5.2 NAME		
STREET ADDRESS	26910 WEDGEWOOD DR 501	5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Clayton D. Iserman 4/24/95 813/495-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0040176