

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19029 (0)

1. Corporation Name
**WEDGEWOOD AT BONITA BAY I CONDOMINIUM ASSOCIATIO
N, INC.**

Principal Place of Business 3750 BONITA BAY BLVD BONITA SPRINGS FL 33923	Mailing Address PO BOX 1987 BONITA SPRINGS FL 34133-1987 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 01/30/1987	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2818916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ISERMAN, CLAYTON
4207 UTE COURT
ESTERO FL 33928**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* **3-19-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEROY, WILLIAM	
STREET ADDRESS	26910 WEDGEWOOD DR 302	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WENDELL, MARTIN	
STREET ADDRESS	26910 WEDGEWOOD DR #206	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TORRENCE, EILEEN	
STREET ADDRESS	26920 WEDGEWOOD DR #201	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, HOWARD	
STREET ADDRESS	26910 WEDGEWOOD DR #205	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WARNER, PAT	
STREET ADDRESS	26910 WEDGEWOOD DR 501	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	San Kuliniski, Stephanie
2.4 CITY-ST-ZIP	26930 Wedgewood Dr. Unit 503 Bonita Springs FL 34104
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	Warner, Pat
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **3/26/97 (241) 992 4811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060277

CR2E037 (9/96)