

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90007 042 ****61.25

DOCUMENT # N19029

1. Entity Name

WEDGEWOOD AT BONITA BAY I CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

**26920 WEDGEWOOD DR
 #101
 BONITA SPRINGS FL 34134
 US**

**26920 WEDGEWOOD DR
 #101
 BONITA SPRINGS FL 34134-8640
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2818916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERLAIN, STEVEN A
 26920 WEDGEWOOD DR
 #101
 BONITA SPRINGS FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	LEROY, WILLIAM	
STREET ADDRESS	26910 WEDGEWOOD DR 302	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	S	<input type="checkbox"/> Delete
NAME	KULINSKI, STEPHANIE	
STREET ADDRESS	26930 WEDGEWOOD DR. UNIT 303	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENNIHAN, TOM	
STREET ADDRESS	26920 WEDGEWOOD DR, #203	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, RALPH	
STREET ADDRESS	26930 WEDGEWOOD DR #205	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARNER, PAT	
STREET ADDRESS	26910 WEDGEWOOD DR 501	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNAWALT, ED	
STREET ADDRESS	26910 WEDGEWOOD DR #304	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Warner

Date

3-22-00

Daytime Phone #

941-495-0551

CR2E037 (9/99)