

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

0073313

03-30-2001 90328 014 \*\*\*\*61.25

**DOCUMENT # N19029**

1. Entity Name

**WEDGEWOOD AT BONITA BAY I CONDOMINIUM ASSOCIATIO**

Principal Place of Business

26920 WEDGEWOOD DR  
 #101  
 BONITA SPRINGS FL 34134  
 US

Mailing Address

26920 WEDGEWOOD DR  
 #101  
 BONITA SPRINGS FL 34134  
 US

JUL 00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2818916**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Reitz, Bill #401*  
*Same!*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia H. Warner* 3-26-01 941-495-0551  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)