

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001820 (0)**

1. Corporation Name  
**WEDGEWOOD IV, INC.**



Principal Place of Business Mailing Address  
**13500 WORTHINGTON WAY BONITA SPRINGS FL 33923 US**

3. Date Incorporated or Qualified **04/23/1993** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **65-0405786** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

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

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

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

~~ALDIBOEX BBRPAK  
WORTHINGTON COUNTRY CLUB  
13500 WORTHINGTON WAY  
BONITA SPRINGS FL 33923~~

81 Name **Cheryl R. Kraus, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1100 Fifth Avenue South, #201**  
83  
84 City **Naples, FL** 85 Zip Code **33940**

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 *Cheryl R. Kraus* **CHERYL R. KRAUS** **4-29-96**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DSV                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DARRAGH, JEFF         |  |
| STREET ADDRESS | 13500 WORTHINGTON WAY |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL     |  |
| TITLE          | DP                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | HARDY, PAUL           |  |
| STREET ADDRESS | 13500 WORTHINGTON WAY |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL     |  |
| TITLE          | DSV                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | MOYLAH, PATRICIA      |  |
| STREET ADDRESS | 13500 WORTHINGTON WAY |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL     |  |
| TITLE          | DP                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | MILLER, DONALD        |  |
| STREET ADDRESS | 13500 WORTHINGTON WAY |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL     |  |
| TITLE          | DTV                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | CAPPADONIA, FRANK     |  |
| STREET ADDRESS | 13500 WORTHINGTON WAY |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | DP Moylan, Patricia  |
| 2.3 STREET ADDRESS | 13500 Worthington Way  |
| 2.4 CITY-ST-ZIP    | Bonita Springs, Fl 33923   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | DVS Cappadonia, Frank  |
| 3.3 STREET ADDRESS | 13500 Worthington Way  |
| 3.4 CITY-ST-ZIP    | Bonita Springs, Fl 33923   |
| 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           | DVT Hayes, William   |
| 5.3 STREET ADDRESS | 13500 Worthington Way  |
| 5.4 CITY-ST-ZIP    | Bonita Springs, Fl 33923   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>800001843248</b>  |
| 6.3 STREET ADDRESS | <b>-05/29/96--01119--037</b>   |
| 6.4 CITY-ST-ZIP    | <b>***61.25</b>  |

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: *Patricia Moylan* **PATRICIA MOYLAN** **4/25/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)