


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 049 ****61.25

DOCUMENT # N93000001820

1. Entity Name
WEDGEWOOD-FOUNTAIN, INC.




Principal Place of Business
13500 WORTHINGTON WAY
BONITA SPRINGS, FL 34135 US

Mailing Address
13550 WORTHINGTON WAY
BONITA SPRINGS, FL 33923 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0405786

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANKOWSKY, PAUL
13500 WORTHINGTON WAY
BONITA SPRINGS, FL 34135

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, BRYANT			NAME			
STREET ADDRESS	28048 CAVENDISH CT #5901			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABOW, DOUG			NAME			
STREET ADDRESS	13916 SOUTHAMPTON DR. #3401			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECAPITAINE, BOB			NAME			
STREET ADDRESS	13912 SOUTHAMPTON RD #3303			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GORDON, SHEAHEN			NAME	TUTHILL, DONALD		
STREET ADDRESS	13920 SOUTH HAMPTON DRIVE 3503			STREET ADDRESS	13932 SOUTHAMPTON DR. #3801		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP	BONITA SPRINGS, FL 34135		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELHAR, JIM			NAME			
STREET ADDRESS	13940 SOUTHAMPTON DR., #4001			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James E. Gelhar **3-3-08 239-947-2690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #