

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002676 (4)

1. Corporation Name
WEDGEWOOD OF SANIBEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 695 TARPON BAY RD SUITE #7 SANIBEL FL 33957	Mailing Address P.O. BOX 716 SANIBEL FL 33957
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3. Date Incorporated or Qualified 05/27/1994	
4. FEI Number 65-0652895	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1661 Estero Blvd Suite, Apt. #, etc. 22 #27 City & State 23 Ft. Myers Bch, FL Zip 24 33931	2a. Mailing Address 26 PO Box 6017 Suite, Apt. #, etc. 27 City & State 28 Ft. Myers Bch., FL Zip 29 33932
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ARMENIA, JOHN
695 TARPON BAY RD
SUITE #7
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name Joseph Adams c/o Becker & Poliakoff	
82 Street Address (P.O. Box Number is Not Acceptable) 13515 Bell Tower Road #101	
83	
84 City Ft. Myers	85 Zip Code FL 33907

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]* DATE: **3/2/98**

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

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ARMENIA, JOHN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS P.O. BOX 716 N/A	CITY-ST-ZIP SANIBEL FL 33957	
TITLE TD	NAME ARMENIA, LUCY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS P.O. BOX 716 N/A	CITY-ST-ZIP SANIBEL FL 33957	
TITLE SD	NAME BRODEUR, RICHARD JOHN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1840 PERWINKLE WAY STE #5	CITY-ST-ZIP SANIBEL FL 33957	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Dee Anna Acuff	
1.3 STREET ADDRESS 25711 E. Milton Thompson Rd	
1.4 CITY-ST-ZIP Lee's Summit, MO 64086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Curt Stendahl	
2.3 STREET ADDRESS 3131 W. Gulf Drive #204	
2.4 CITY-ST-ZIP Sanibel, FL 33957	
3.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Nancy Kemp	
3.3 STREET ADDRESS 3704 N. Charles St.	
3.4 CITY-ST-ZIP Baltimore, MD 21218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	

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14. 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 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]*

CR2E037 (10/97)