

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 23, 2000 08:00 AM

Secretary of State

DOCUMENT # N94000002676

1. Entity Name

WEDGEWOOD OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1661 ESTERO BLVD
#27
FT. MYERS BCH
33931

FL

P.O. BOX 6017
FT. MYERS
33932

FL

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

65-0652895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH ADAMS
13515 BELL TOWER ROAD #101

FT. MYERS
33907

US

FL

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 **JOSEPH ADAMS**

03/23/2000

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TD
MINALDI FLORO
3116 FAIRGROUND BLVD
CLEVELAND HEIGHTS OH 44118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

SD
STERDAHL CURT
3131 W. GULF DRIVE #204
SANIBEL FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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PD
ACUFF DEE ANNA
25711 E. MILTON THOMPSON RD
LEE MO 64086

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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.