

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2004
Secretary of State**

DOCUMENT# N94000002676

Entity Name: WEDGEWOOD OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 LOVERS LANE
FORT MYERS BEACH, FL 33931 US

New Principal Place of Business:

3127, 3131 & 3135 WEST GULF DRIVE
SANIBEL, FL 33957 US

Current Mailing Address:

P.O. BOX 6017
FT. MYERS, FL 33932 US

New Mailing Address:

P.O. BOX 6017
FT. MYERS BEACH, FL 33932 US

FEI Number: 65-0652895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DG SUITOR & ASSOCIATES
100 LOVERS LANE
3RD FLOOR
FT. MYERS, FL 33932 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ;I;PFF, ROLF
Address: 3131 W. GULF DR. #305
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: PLATT, STEVE
Address: 3127 W GULF DR 102
City-St-Zip: SANIBEL, FL 33957

Title: SD (X) Delete
Name: PLAT, STEVE
Address: 3135 W. GULF DR. #102
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: LEIS, DR. ALBERT
Address: 10906 PAW PAW LANE
City-St-Zip: GOSHEN, KY 40026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LULLOFF, ROLF
Address: 2520 BETTY COURT
City-St-Zip: GREEN BAY, WI 54301

Title: T (X) Change () Addition
Name: PLATT, STEVE
Address: 3127 W GULF DR 102
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LEIS, DR. ALBERT
Address: 10906 PAW PAW LANE
City-St-Zip: GOSHEN, KY 40026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ALBERT LEIS

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02/13/2004

Electronic Signature of Signing Officer or Director

Date