

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90049 023 ****61.25

DOCUMENT # N94000002676

1. Entity Name

WEDGEWOOD OF SANIBEL CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business

**1661 ESTERO BLVD
#27
FT. MYERS BCH FL 33931**

Mailing Address

**P.O. BOX 6017
FT. MYERS FL 33932**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 Lovers Lane

**City & State
Ft Myers Bch FL**

City & State

**Zip
33931**

Country

USA

Zip

Country

4. FEI Number **65-0652895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DG SUITOR & ASSOCIATES
1661 ESTERO BLVD
P.O. BOX 6017
FT. MYERS FL 33932**

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Lovers Lane 3rd Fl
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

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CHENEY, WILLIAM	
STREET ADDRESS	3135 W. GULF DR. #201	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLATT, STEVE	
STREET ADDRESS	3127 W GULF DR 102	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CHENEY, WILLIAM	
STREET ADDRESS	3135 W GULF DR UNIT 201	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLAT, STEVE	
STREET ADDRESS	3135 W. GULF DR. #102	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEIS, DR. ALBERT	
STREET ADDRESS	10906 PAW PAW LANE	
CITY-ST-ZIP	GOSHEN KY 40026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLF LUIOFF	
STREET ADDRESS	3131 W. Gulf Dr #305	
CITY-ST-ZIP	SANIBEL Isl., FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE: **ALBERT LEIS**

3/1/03

502 228-4627

CR2E037 (10/02)