

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19029

Entity Name: WEDGEWOOD AT BONITA BAY I CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 23, 2020
Secretary of State
8900731616CC**Current Principal Place of Business:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US**FEI Number: 59-2818916****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEIDNER, RALPH L
C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US*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

Officer/Director Detail :

Title VP, DIRECTOR
Name SYSLACK, JEFFREY S
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name FLEISCHMANN, ERWIN
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, TREASURER,
DIRECTOR
Name FRIESE, MIKE
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR
Name SETTLAGE, STEVEN
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR
Name MEHNERT, TOM
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name FLEMING, SCOTT
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name CONLEY, ANNETTE
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

I hereby 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 all other like empowered.

SIGNATURE: TOM MEHNERT**PRESIDENT****04/23/2020**

