

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708173

FILED
Apr 29, 2008
Secretary of State

Entity Name: WEDGE WOOD CLUB, INC. OF NAPLES

Current Principal Place of Business:

WEDGEWOOD CLUB, INC OF NAPLES
744 WEDGE DR
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-1102005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 TAMiami TRAIL E
NAPLES, FL 34113 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: D () Delete
Name: WOODS, THOMAS
Address: 744 WEDGE DR. #4
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: LAWLOR, ROBERT
Address: 744 WEDGE DR #12
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: CRAIG, SUSAN
Address: 744 WEDGE DR #8
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: FADDEN, KAREN
Address: 744 WEDGE DR. #7
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: SHEARER, JUDY
Address: 744 WEDGE DR. #28
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN CRAIG

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date