
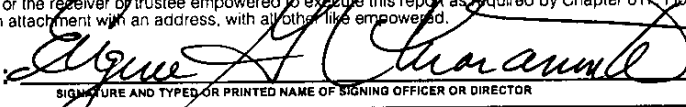


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90142 049 \*\*\*\*61.25

<b>DOCUMENT # N04354</b> 1. Entity Name <b>WEDGEFIELD OF NAPLES ASSOCIATION, INC.</b>					
Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105			Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0079142</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL 34105				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOYE, WILLIAM		NAME		
STREET ADDRESS	13251 WEDGEFIELD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, SHELLY		NAME		
STREET ADDRESS	13240 WEDGEFIELD DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSON, WALTER		NAME	ELFORD STEPHANIE	
STREET ADDRESS	13252 WEDGE FIELD DR.		STREET ADDRESS	13463 WEDGEFIELD DR.	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIARAMONTE, GENE		NAME		
STREET ADDRESS	13223 WEDGEFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, WHITNEY		NAME		
STREET ADDRESS	13244 WEDGEFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			4/11/06 239-566-2285		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
EUGENE G. CHIARAMONTE					

40048776



03082006 Chg-NP CR2E037 (11/05)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 NAME ☐ Delete

HOYE, WILLIAM

13251 WEDGEFIELD

NAPLES, FL 34110

TITLE NAME ☐ Delete

GOLDSTEIN, SHELLY

13240 WEDGEFIELD DR.

NAPLES, FL 34110

TITLE NAME ☒ Delete

MARSON, WALTER

13252 WEDGE FIELD DR.

NAPLES, FL 34110

TITLE NAME ☐ Delete

CHIARAMONTE, GENE

13223 WEDGEFIELD DR

NAPLES, FL 34110

TITLE NAME ☐ Delete

SUMMERS, WHITNEY

13244 WEDGEFIELD DR

NAPLES, FL 34110

TITLE NAME ☐ Delete