

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04354**

1. Entity Name  
**WEDGEFIELD OF NAPLES ASSOCIATION, INC.**



Principal Place of Business  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105**

Mailing Address  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105**



04152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0079142**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HOYE, WILLIAM  
STREET ADDRESS 13251 WEDGEFIELD  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME MARJON, WALTER  
STREET ADDRESS 13252 WEDGEFIELD DR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME ELFORD, STEPHANIE  
STREET ADDRESS 13263 WEDGEFIELD DR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE DT  
NAME CHIARAMONTE, GENE  
STREET ADDRESS 13223 WEDGEFIELD DR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D  
NAME MYLES, JOHN  
STREET ADDRESS 13253 WEDGEFIELD DR  
CITY-ST-ZIP NAPLES, FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000917421  
05/13/08-80041-007 81.25

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IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MYLES

4/20/08 (239) 591-3061

Date

Daytime Phone #