

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04354

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 65-0079142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 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: PD  
Name: HOYE, WILLIAM  
Address: 13251 WEDGEFIELD  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: MARSON, WALTER  
Address: 13252 WEDGEFIELD DR.  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: CHIARMONTE, FAYE  
Address: 13223 WEDGEFIELD DR.  
City-St-Zip: NAPLES, FL 34110

Title: DT  
Name: MYLES, JOHN  
Address: 13253 WEDGEFIELD DR  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: MILOT, JACKIE  
Address: 13231 WEDGEFIELD DR.  
City-St-Zip: NAPLES, FL 34110

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: WILLIAM HOYE

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date