


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90107 038 \*\*\*\*61.25

<b>DOCUMENT # N20491</b>		
1. Entity Name <b>WEDGEWOOD AT BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.</b>		

Principal Place of Business <b>8910 TERRENE CRT STE 200 BONITA SPRINGS, FL 34135 US</b>	Mailing Address <b>8910 TERRENE CRT STE 200 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent <b>WEIDNER, RALPH L 8910 TERRENE CRT STE 200 GULF BREEZE MGMT SRVS SW FL LLC BONITA SPRINGS, FL 34135</b>	
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40123000



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2818531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> D NAME <b>RAMSEY, REGINALD</b> STREET ADDRESS <b>26920 WEDGEWOOD DR STE 402</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> D NAME <b>HERNER, JERRY</b> STREET ADDRESS <b>26880 WEDGEWOOD DR STE 205</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> PD NAME <b>HUSSEY, DAVID</b> STREET ADDRESS <b>26910 WEDGEWOOD DR STE 204</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> SD NAME <b>HUDDLESTON, JACK</b> STREET ADDRESS <b>26891 WEDGEWOOD DR #101</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> TD NAME <b>GILL, JANIE</b> STREET ADDRESS <b>26900 WEDGEWOOD DR STE 301</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> VD NAME <b>HUGHES, WILLIAM</b> STREET ADDRESS <b>26880 WEDGEWOOD DR STE 401</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HERNER, JERRY</b> STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.

SIGNATURE: <u>David A. Hussey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/22/07</u>	Daytime Phone #: <u>947-6164</u>
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ATTACHMENT

40125563

# N20491

Add Director  
HOLLERAN, Caryl  
26911 Wedgewood Drive, #203  
Boca Raton Springs, FL 33434