2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20491

FILED May 01, 2010 Secretary of State

Entity Name: WEDGEWOOD AT BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE COURT, STE 200 BONITA SPRINGS, FL 34135 US

Current Mailing Address:

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE COURT, STE 200 BONITA SPRINGS, FL 34135 US

BONITA SPRINGS, FL 34135 US
FEI Number: 59-2818531 FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEIDNER, RALPH L %GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135 US

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: [

Name: RAMSEY, REGINALD

Address: 26920 WEDGEWOOD DR., #402 City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD

Name: HOERNER, JERRY

Address: 26880 WEDGEWOOD DR., #205 City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD

Name: HUSSEY, DAVID

Address: 26910 WEDGEWOOD DR., #204 City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD

Name: DEERY, JANICE

Address: 26910 WEDGEWOOD DR., #302 City-St-Zip: BONITA SPRINGS, FL 34134

Title:

Name: HOLLERAN, CARYL

Address: 26911 WEDGEWOOD DRIVE, #203 City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD

Name: HUGHES, WILLIAM

Address: 26880 WEDGEWOOD DR., #401 City-St-Zip: BONITA SPRINGS, FL 34134

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 HUGHES PRES 05/01/2010