## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 17, 2007 8:00 am Secretary of State 07-17-2007 90107 036 \*\*\*\*61.25

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		IN A CONT	T # !	NIO	2	C 1					

**DOCUMENT # N32615** 1. Entity Name
WEDGEWOOD CONDOMINIUM II ASSOCIATION, INC.



						G-0 51	TES							
Principal Place C/O GULF BR 8910 TERREI BONITA SPRI	EEZE MGMT Ne CT, STE :	Mailing Address C/O GULF BREEZE MGMT SVCS OF SW FL LLC 8910 TERRENE CT, STE 200 BONITA SPRINGS, FL 34135 US						25565			WI 61   SIL			
2. Principal Pl	ace of Busin	3. Mailir	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01242007	Chg-NP	CR2E03	37 (12/06)				
City & State	•	City	& State	•		4. FEI Numbe 59-2818	3531			plied For at Applicable				
Zip		Country	Zip		ntry		5. Certificate of Status Desired \$8.75 Addition Fee Required							
	6. Name	and Address of Current I	Registered Agent					7. Name and Address of New Registered Agent						
12						Name								
WEIDNER, RALPH L GULF BREEZE MGMT SVCS OF SW FL, LLC 8910 TERRENE CT., STE 200				Street Address			ldress (	(P.O. Box Number is Not Acceptable)						
BONITA S	PRINGS, I	FL 34135				0.1			·······	····				
Ì,	1.74						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 Signature. Nyped or printed name of registered again and title if applicable. (NOTE: Registered Again signature required when reinstating)  DATE														
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Trust Fund Contribution							ing \$5.00 May Be Added to Fees Horida Department of Sta							
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CH	ANGES TO OFFICE	ERS AND DI	RECTORS IN	l 10		
TITLE	VPD			<b>∑</b> Delete	TITLE		7			<i>-</i>	Change	Addition		
NAME	WICK, AL			,	NAM	Ε	1/1	durige	St DON	Ad .	9#	1611		
STREET ADDRESS				STRE			2/9	ico WE	Lactwood	DE	ivi,	FUI		
CITY-ST-ZIP					CITY	-ST-ZIP	R	with -	Lychood Dungs	FL.	م <i>یحور برج</i> م	/		
TITLE V	D		····	☐ Delete	TITLE	ſ	<u> </u>	~	may,	•	☐ Change	Addition		
NAME	PERRY, E	BARBARA		L Boloto	NAM	1						_		
STREET ADDRESS		EDGEWOOD DR., #502			STRE	ET ADDRESS								
CITY-ST-ZIP		SPRINGS, FL 34134			CITY	-ST-ZIP								
TITLE /	D			☐ Delete	TITLE		1/	//			Change	Addition		
NAME	ORMONE	), AL			NAM			مه			•	_		
STREET ADDRESS	26880 WE	DGEWOOD DR., #306			STRE	ET ADDRESS								
CITY-ST-ZIP		SPRINGS, FL 34134			CITY	- ST - ZIP								
TITLE V	SD			☐ Delete	THILE						Спалде	Addition		
NAME		ROUGH, JR. G			NAM	1					_ •			
STREET ADDRESS		EDGEWOOD DR., #303			STRE	ET ADDRESS								
CITY-ST-ZIP	BONITA S	SPRINGS, FL 34134			CITY	-ST-ZIP								
TITLE /	PD	<del></del>		☐ Delete	TITLE	E					Change	Addition		
NAME	WYNN, B	ONNIE			NAM	E								
STREET ADDRESS	26880 W	EDGEWOOD DR., #501			STRE	ET ADDRESS								
CITY-ST-ZIP	BONITA S	SPRINGS, FL 34134			CITY	-ST-ZIP								
TITLE	TD			☐ Delete	TITL	E	,			-	Change	Addition		
NAME	COTTON	E, SAM			NAM	E								
STREET ADDRESS		EDGEWOOD DRIVE #3	06		STRE	ET ADORESS								
CITY-ST-ZIP	BONITA S	SPRINGS, FL 34134			CITY	-ST-ZIP								
									, Florida Statutes.					

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 OF

## ATTACHMENT

40125565 #N 32615

Add Sixeton

Plosh, Jam

26850 WEdgewar Sair #403 Buit pang, FL 34134