


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 031 \*\*\*\*61.25

<b>DOCUMENT # N32615</b> 1. Entity Name <b>WEDGEWOOD CONDOMINIUM II ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GULF BREEZE MGMT SVCS OF SW FL LLC</b> <b>8910 TERRENE CT, STE 200</b> <b>BONITA SPRINGS, FL 34135 US</b>			Mailing Address <b>C/O GULF BREEZE MGMT SVCS OF SW FL LLC</b> <b>8910 TERRENE CT, STE 200</b> <b>BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
01042008    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>					
6. Name and Address of Current Registered Agent  <b>WEIDNER, RALPH L</b> <b>GULF BREEZE MGMT SVCS OF SW FL, LLC</b> <b>8910 TERRENE CT., STE 200</b> <b>BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT, DONALD 26900 WEDGEWOOD DRIVE #401 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, BARBARA 26880 WEDGEWOOD DR., #502 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORMOND, AL 26880 WEDGEWOOD DR., #306 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARBOROUGH, JR. G 26880 WEDGEWOOD DR., #303 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hughes, Bill 26880 Wedgewood Dr., #401 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNN, BONNIE 26880 WEDGEWOOD DR., #501 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COTTONE, SAM 26880 WEDGEWOOD DRIVE #306 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Kamerer, Jack 26900 Wedgewood Dr., #305 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 an other like empowered.					
<b>SIGNATURE:</b> <i>Bonnie J. Wynn</i> <b>Bonnie J. Wynn</b> <b>3/25/08</b> <b>(239) 495-1834</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #      vb</small>					

ATTACHMENT  
40054044

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MARCH 26, 2008

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ANNUAL REPORT

DOCUMENT #1 N32615

WEDGEWOOD CONDOMINIUM II ASSOCIATION, INC.

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11. D (#7)

Plesh, Joan  
26880 Wedgewood Dr., #403  
Bonita Springs, FL 34134