

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32615

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: WEDGEWOOD CONDOMINIUM II ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-0244104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE CT., STE 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:

04/25/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: CARTWRIGHT, DONALD  
Address: 26900 WEDGEWOOD DRIVE, #401  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: PERRY, BARBARA K  
Address: 26880 WEDGEWOOD DR., #502  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD  
Name: ORMOND, AL  
Address: 26880 WEDGEWOOD DR., #306  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD  
Name: HUGHES, WILLIAM  
Address: 26880 WEDGEWOOD DR., #401  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD  
Name: WYNN, BONNIE  
Address: 26890 WEDGEWOOD DR., #501  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD  
Name: KAMERER, JACK  
Address: 26900 WEDGEWOOD DR., #305  
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: BONNIE WYNN

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date