

4-15-98 B4802 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41036 (7)

1. Corporation Name  
WEDGEWOOD COMMONS ASSOCIATION I, INC.

Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923	Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923
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3. Date Incorporated or Qualified 11/27/1990	4. FEI Number 65-0234420	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 13500 Worthington Way Suite, Apt. #, etc. 22 City & State 23 Bonita Springs, FL Zip 24 34135 Country 25 US	2a. Mailing Address 26 13500 Worthington Way Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, FL Zip 29 34135 Country 30 US
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
KRAUS, CHERYL R P.A.  
1100 FIFTH AVENUE SOUTH, #201  
NAPLES FL 33940

10. Name and Address of New Registered Agent 81 Name Ickowitz, Angelo A. 82 Street Address (P.O. Box Number is Not Acceptable) WORTHINGTON COUNTRY CLUB 83 13500 WORTHINGTON WAY 84 City Bonita Springs FL 85 Zip Code 34135
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DVS <input checked="" type="checkbox"/> DELETE
NAME	POLZIN, CLAUDIA
STREET ADDRESS	13500 WORTHINGTON WAY
CITY - ST - ZIP	BONITA SPRINGS FL 34135
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	WEBBER, RONALD
STREET ADDRESS	13500 WORTHINGTON WAY
CITY - ST - ZIP	BONITA SPRINGS FL 34135
TITLE	DVT <input checked="" type="checkbox"/> DELETE
NAME	ALLISON, JEANNE
STREET ADDRESS	13500 WORTHINGTON WAY
CITY - ST - ZIP	BONITA SPRINGS FL 34135
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald Webber
1.3 STREET ADDRESS	13500 Worthington Way
1.4 CITY - ST - ZIP	Bonita Springs, FL 33923
2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeanne Allison
2.3 STREET ADDRESS	13500 Worthington Way
2.4 CITY - ST - ZIP	Bonita Springs, FL 34135
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAUDIA POLZIN
3.3 STREET ADDRESS	13500 Worthington Way
3.4 CITY - ST - ZIP	Bonita Springs, FL 34135
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)