

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47014 (8)**
1. Corporation Name
WEDGEWOOD II, INC.



Principal Place of Business: **13500 WORTHINGTON WAY BONITA SPRINGS FL 33923**
Mailing Address: **13500 WORTHINGTON WAY BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified: **01/27/1992**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.
4. FEI Number: **65-0345044**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DEBRA KALBRIDGE WORTHINGTON CENTER CLUB 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923**
10. Name and Address of New Registered Agent (81-85):
81 Name: **Cheryl R. Kraus, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **1100 Fifth Avenue South, #201**
84 City: **Naples, FL** 85 Zip Code: **33940**

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: *Cheryl R. Kraus* **CHERYL R. KRAUS** DATE: **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUSSMAN, ALBERT	1.2 NAME	Brainard, Clifford
STREET ADDRESS	13500 WORTHINGTON WAY	1.3 STREET ADDRESS	13500 Worthington Way
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, EUGENE	2.2 NAME	Polzin, Claudia
STREET ADDRESS	13500 WORTHINGTON WAY	2.3 STREET ADDRESS	13500 Worthington Way
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROUPA, ROBERT	3.2 NAME	
STREET ADDRESS	13500 WORTHINGTON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	200001843252 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-05/29/96--01119--034
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Claudia Polzin* DATE: **4-26-96** Daytime Phone #: **CS 511/96**

CR2E037 (12/95)