

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00am
Secretary of State

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



Principal Place of Business Mailing Address
13500 WORTHINGTON WAY **13500 WORTHINGTON WAY**
BONITA SPRINGS FL 33923 **BONITA SPRINGS FL 34135-3476**

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **05/01/1996**
4. FEI Number **65-0345044** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 **34135** 25 Country 28 Zip 29 Country 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **34102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	DP
NAME	BRAINARD, CLIFFORD	1.2 NAME	POLZIN, CLAUDIA
STREET ADDRESS	13500 WORTHINGTON WAY	1.3 STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DP	2.1 TITLE	DVT
NAME	POLZIN, CLAUDIA	2.2 NAME	BRAINARD, CLIFFORD
STREET ADDRESS	13500 WORTHINGTON WAY	2.3 STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DVT	3.1 TITLE	DVS
NAME	KROUPA, ROBERT	3.2 NAME	CWALINSKI, WALTER
STREET ADDRESS	13500 WORTHINGTON WAY	3.3 STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Claudia B. Polzin* **Claudia B. Polzin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97
Date

941/495-0244
Daytime Phone # 0060419

CR2E037 (9/96)