

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N47014** (8)

1. Corporation Name

**WEDGEWOOD II, INC.**

Principal Place of Business

Mailing Address

**13500 WORTHINGTON WAY  
BONITA SPRINGS FL 34135  
US**

**13500 WORTHINGTON WAY  
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified

**01/27/1992**

4. FEI Number

**65-0345044**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **13500 Worthington Way**

**22** City & State

**27** Suite, Apt. #, etc.

**23** City & State

**28** **Bonita Springs, FL**

**24** Zip

**25** Country

**29** Zip

**30** Country

**24** Zip

**25** Country

**29** Zip

**30** Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

☐

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAUS, CHERYL R P.A.  
1100 FIFTH AVENUE SOUTH, #201  
NAPLES FL 34102**

**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**

11. Pursuant to the provisions of Sections 617.0502 and 617.1803, 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 Sections 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

**3/30/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVT** ☒ DELETE

NAME **BRAINARD, CLIFFORD**  
STREET ADDRESS **13500 WORTHINGTON WAY**  
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **DP** ☒ DELETE

NAME **POLZIN, CLAUDIA**  
STREET ADDRESS **13500 WORTHINGTON WAY**  
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **DVS** ☒ DELETE

NAME **CWALINSKI, WALTER**  
STREET ADDRESS **13500 WORTHINGTON WAY**  
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: **Clifford Brainard**

**3/30/98**

**741-495-0244**

CR2E037 (10/97)