FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]ONS

APPROVED AND FILED
95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47608** **(7)**

1. Corporation Name
THE LAKE VILLAS OF WEDGEWOOD AT BONITA BAY III, INC.

Principal Place of Business	Mailing Address
3750 BONITA BAY BLVD.. S.W. BONITA SPRINGS FL 33923	PO BOX 1987 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1992
3a. Date of Last Report: 03/28/1994
4. FEI Number: 60-0394509 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROWN, ROBERT G.
3750 BONITA BAY BLVD., S.W.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

31 Name: Clayton Iserman
32 Street Address (P.O. Box Number is Not Acceptable): 4207 Ute Court
33
34 City: Estero FL 35 Zip Code: 33928

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Clayton Iserman, Prop Manager [signature] 4-21-95
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	PD	1.1 TITLE	Christine Parry Pres/Dir ☒ Change ☐ Addition
NAME	CHARLSON, CHAUNCEY	1.2 NAME	Christine Parry
STREET ADDRESS	26860 WEDGEWOOD DR, UNIT 101	1.3 STREET ADDRESS	26872 Wedgewood Dr. Unit 101
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Bonita Springs FL. 33923
TITLE	VD	2.1 TITLE	V-P / Director ☒ Change ☐ Addition
NAME	KUBEC, WILLEY	2.2 NAME	Emmett Donnelly
STREET ADDRESS	26891 WEDGEWOOD DR, UNIT 103	2.3 STREET ADDRESS	26851 Wedgewood Dr. Unit 202
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	SD	3.1 TITLE	Secretary / Director ☒ Change ☐ Addition
NAME	ROBERTS, ROGER	3.2 NAME	Albert Banke
STREET ADDRESS	26851 WEDGEWOOD DR, UNIT 201	3.3 STREET ADDRESS	26871 Wedgewood Dr. Unit 103
CITY-ST-ZIP	BONIAT SPRINGS FL	3.4 CITY-ST-ZIP	Bonita Springs FL. 33923
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, RICHARD	4.2 NAME	
STREET ADDRESS	26891 WEDGEWOOD DR, UNIT 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Richard R. Wilcox 4-19-95 813-992-2278
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR — Date — Daytime Phone #

0081447