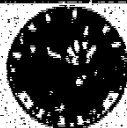


FILE NOW: FILING FEE AFTER MAY 1 IS \$3.00

**CORPORATION
ANNUAL REPORT
1995**



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

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 33950

**APPROVED
AND
FILED**

95 APR 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 interjurisdictional tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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 Leeman**
32 Street Address (P.O. Box Number is Not Acceptable)
4207 Ute Court
33
34 City **Estero** FL 35 Zip Code **33924**

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 Leeman, Proprietor

(NOTE: Registered agent signature required when renewing)

4-21-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **CHARLSON, CHAUNCEY**
STREET ADDRESS **26860 WEDGEWOOD DR, UNIT 101**
CITY-ST-ZIP **BONITA SPRINGS FL**

1.1 TITLE **Christmas Party Pres 101** ☒ Change ☐ Addition
1.2 NAME **Christine Perry**
1.3 STREET ADDRESS **26892 Wedgewood Dr. Unit 101**
1.4 CITY-ST-ZIP **Bonita Springs FL 33923**

TITLE **VO**
NAME **KUBEC, WILLEY**
STREET ADDRESS **26891 WEDGEWOOD DR, UNIT 103**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE **V-P / Director** ☒ Change ☐ Addition
2.2 NAME **Ernest Danahy**
2.3 STREET ADDRESS **26851 Wedgewood Dr unit 202**
2.4 CITY-ST-ZIP **Bonita Springs FL 33923**

TITLE **SD**
NAME **ROBERTS, ROGER**
STREET ADDRESS **26851 WEDGEWOOD DR, UNIT 201**
CITY-ST-ZIP **BONAT SPRINGS FL**

3.1 TITLE **Secretary / Director** ☒ Change ☐ Addition
3.2 NAME **Alben Bunkle**
3.3 STREET ADDRESS **26851 Wedgewood Dr. Unit 103**
3.4 CITY-ST-ZIP **Bonita Springs FL 33923**

TITLE **TD**
NAME **WILCOX, RICHARD**
STREET ADDRESS **26891 WEDGEWOOD DR, UNIT 102**
CITY-ST-ZIP **BONITA SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(h), 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

SIGNATURE AND TYPED OR PRINTED NAME OF BOHNO OFFICER OR DIRECTOR

4-19-95 813-992-2248

Date Daytime (Time)