

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 # N47608 (7)
1. Corporation Name

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



Principal Place of Business
3750 BONITA BAY BLVD., S.W.
BONITA SPRINGS FL 33923

Mailing Address
PO BOX 1987
BONITA SPRINGS FL 33959

3. Date Incorporated or Qualified
02/28/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	60-0394509	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	☐	
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

Berman, F. Clayton
4207 Ute Court
Estero, FL 33924

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

F. Clayton Berman

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	CHARLSON, CHAUNCEY	
STREET ADDRESS	26880 WEDGEWOOD DR, UNIT 101	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	☒ DELETE
NAME	KUBEC, WILLY	
STREET ADDRESS	26891 WEDGEWOOD DR, UNIT 103	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	☒ DELETE
NAME	ROBERTS, ROGER	
STREET ADDRESS	26851 WEDGEWOOD DR, UNIT 201	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	☐ DELETE
NAME	WILCOX, RICHARD	
STREET ADDRESS	26891 WEDGEWOOD DR, UNIT 102	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Barker, Ribent	
1.3 STREET ADDRESS	26881 Wedgewood Dr #103	
1.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Leander, Hank	
2.3 STREET ADDRESS	26921 Wedgewood Dr. #201	
2.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Woodard, Wayne	
3.3 STREET ADDRESS	26911 Wedgewood Dr #104	
3.4 CITY-ST-ZIP	Bonita Springs FL 33923	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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)(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:

Richard R Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)