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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47608

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

431646 - 90154 - 27

Principal Place of Business	Mailing Address
~~3750 BONITA BAY BLVD. S.W.~~ ~~BONITA SPRINGS FL 33923~~	~~P.O. BOX 1987~~ ~~BONITA SPRINGS FL 34133~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 26920 Wedgewood Drive	26 26920 Wedgewood Drive	02/28/1992
Suite, Apt. #, etc. 22 #101	Suite, Apt. #, etc. 27 #101	4. FEI Number 65-0394509 ☐ Applied For ☐ Not Applicable
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs FL	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
Zip / Country 24 34134 25 USA	Zip / Country 29 34134 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ISERMAN, F. CLAYTON~~ ~~4207 URE COURT~~ ~~ESTERO FL 33928~~	81 Name: Steven A. Chamberlain 82 Street Address (P.O. Box Number is Not Acceptable): 26920 Wedgewood Drive 83 #101 84 City: Bonita Springs FL 85 Zip Code: 34134

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: Steve Chamberlain, Managing Agent — 4-20-99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRETT, PETER		1.2 NAME		
STREET ADDRESS	26881 WEDGEWOOD DRIVE #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~DENNELVE, WILLIAM~~		2.2 NAME	Emmet Dennehy	
STREET ADDRESS	26851 WEDGEWOOD DRIVE #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~LEIDER, MARSHA~~		3.2 NAME	Marcia Leider	
STREET ADDRESS	26876 WEDGEWOOD DRIVE #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, LEN		4.2 NAME		
STREET ADDRESS	26891 WEDGEWOOD DR, UNIT 204		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	~~BANKER, AL~~		5.2 NAME	Sandy Lowsley	
STREET ADDRESS	~~26881 WEDGEWOOD DRIVE #103~~		5.3 STREET ADDRESS	26850 Wedgewood Drive #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 all other like empowered.

SIGNATURE: X [signature] STEVEN A. CHAMBERLAIN — X 4-22-99 — (941) 495-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #