

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90292 021 ****61.25

DOCUMENT # N47608

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



Principal Place of Business
**26920 WEDGEWOOD DR
101
BONITA SPRINGS, FL 34134 US**

Mailing Address
**C/O GULF BREEZE MGMT SERV. OF SW FL, LLC
27725 OLD 41, SUITE 104
BONITA SPRINGS, FL 34135 US**

%Gulf Breeze Mgmt. Svcs. of

2. Principal Place of Business **SW FL, LLC**
8910 Terrene Court

3. Mailing Address
8910 Terrene Court

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State

City & State

Zip
34135

Country

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0394509

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEIDNER, RALPH L
C/O GULF BREEZE MGMT SERV. OF SW FL, LLC
SUITE 104
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court

Suite 200
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph L. Weidner* **Ralph L. Weidner** **3/29/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE, JOHN 26888 WEDGEWOOD DR #101 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNEHY, EMMETT 26851 WEDGEWOOD DRIVE #202 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLLIER, FLOYD 26868 WEDGEWOOD DR #202 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, KEN 26911 WEDGEWOOD DRIVE, #102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOWSLEY, SANDY 26850 WEDGEWOOD DR 102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Slater, Chloee J. 26901 Wedgewood Drive, #102 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D McCray, Sharon L. 26868 Wedgewood Drive, #103 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wood, Carol A. 26921 Wedgewood Drive, #102 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L. McCray* **Sharon L. McCray** **3-29-06** (239) 498-6295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #