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Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90008 038 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001820**

1. Corporation Name  
**WEDGEWOOD IV, INC.**  
*WEDGEWOOD FOUNTAIN, INC. 4/27/99*

Principal Place of Business      Mailing Address  
13500 WORTHINGTON WAY      13500 WORTHINGTON WAY  
BONITA SPRINGS FL 34135      BONITA SPRINGS FL 33923  
US      US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/23/1993</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0405786</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip      Country	28. Zip      Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24.      25.      29.      30.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**ICKOWITZ, ANGELO A**  
**WORTHING COUNTRY CLUB**  
**13500 WORTHING WAY**  
**BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable) <b>WORTHINGTON</b>	
83. City <b>WORTHINGTON</b>	
84. City <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  DELETE

TITLE	DP
NAME	MOYLAN, PATRICIA
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DVS
NAME	BOYD, ROBERT
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	DVT
NAME	HAYES, WILLIAM
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH ZAGURSKY
2.3 STREET ADDRESS	13958 SOUTHAMPTON DR. # 4302
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
3.1 TITLE	OVS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM BUTLER
3.3 STREET ADDRESS	28024 CAUENISH CT. # 5303
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALAN BOOTH
4.3 STREET ADDRESS	13940 Southampton Dr. # 4003
4.4 CITY-ST-ZIP	Bonita Springs, FL 34135
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Larry QUARTANO
5.3 STREET ADDRESS	13928 Southampton Dr. # 3704
5.4 CITY-ST-ZIP	Bonita Springs, FL 34135
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE REQUIRED** Date 3/29/99 Daytime Phone # (941) 495-0244

CR2E037 (4/1/98)