


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 017 ****61.25

DOCUMENT # N93000001820			
1. Entity Name WEDGEWOOD-FOUNTAIN, INC.			
Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US		Mailing Address 13550 WORTHINGTON WAY BONITA SPRINGS, FL 33923 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0405786		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEST, MARK WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY BONITA SPRINGS, FL 34135		Name Paul Mankowsky Street Address (P.O. Box Number is Not Acceptable) 13500 Worthington Way City Bonita Springs FL Zip Code 34135	
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 <u><i>Paul Mankowsky</i></u> General Manager/COO.		DATE 2-28-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WALKER, BRYANT 28048 CAVENDISH CT #5901 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Walker, Bryant 28048 Cavendish Ct. #5901 Bonita Springs, FL. 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTONE, ANTHONY 13908 SOUTHAMPTON DR # 3201 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grabow, Doug 13916 Southampton Dr. #3401 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL LECAPITANE, ROBERT 13912 SOUTHAMPTON RD #3303 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lecapitaine, Bob 13912 Southampton Dr. #3303 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, SHEAHEN 13920 SOUTH HAMPTON DRIVE 3503 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GELHAR, JIM 13940 SOUTHAMPTON DR., #4001 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gelhaar, Jim 13940 Southampton Dr. #4001 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>James S. Bellman</i></u>		Date 3-1-07 Daytime Phone # 239-947-2690	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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