2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001820

Entity Name: WEDGEWOOD-FOUNTAIN, INC.

FILED Apr 20, 2009 Secretary of State

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Current Principal Place of Business:					New Principal Place of Business:			
	ORTHINGTON V SPRINGS, FL 34		US			RTHINGTON PRINGS, FL		US
Current Mailing Address:					New Mailing Address:			
	ORTHINGTON V SPRINGS, FL 33		US			RTHINGTON PRINGS, FL		US
FEI Number	: 65-0405786	FEI N	umber Applied For()	FEI Num	ber Not App	licable ()	Certific	ate of Status Desired ()
Name and	d Address of C	urrent	Registered Agent:		Name and	Address of I	New Re	gistered Agent:
13500 WC	/SKY, PAUL DRTHINGTON V PRINGS, FL 34		US					
	e named entity s e of Florida.	ubmits	this statement for the p	ourpose of	changing i	ts registered o	office or	registered agent, or both,
SIGNATUI	RE:							
	Electroni	ic Sign	ature of Registered Ag	ent				Date
OFFICER	S AND DIRECT	rors:			ADDITION	IS/CHANGES	TO OF	FICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DV () WALKER, BRYA 28048 CAVENDI BONITA SPRING	ISH CT			Title: Name: Address: City-St-Zip:	DV (X BARTELO, JAI 13920 SOUTH BONITA SPRIN	MES AMPTON	
Title: Name: Address: City-St-Zip:	D () GRABOW, DOU 13916 SOUTHAI BONITA SPRING	MPTON			Title: Name: Address: City-St-Zip:	D (X TIERNEY, ANN 28040 CAVEN BONITA SPRIN	IE DISH COL	
Title: Name: Address: City-St-Zip:	DT () LECAPITAINE, E 13912 SOUTHAI BONITA SPRING	MPTON			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	DP () GELHAR, JIM 13940 SOUTHAI BONITA SPRING				Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name:	D () TUTHILL, DONA	Delete LD			Title: Name:	DS (X GRABOW, DO		() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JIM GELHAAR DP 04/20/2009

13932 SOUTH HAMPTON DR 3801

BONITA SPRINGS, FL 34135

Address:

City-St-Zip:

13916 SOUTHAMPTON DR #3401

BONITA SPRINGS, FL 34135