## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N93000001822 (6)

## WEDGEWOOD COMMONS ASSOCIATION II, INC.

Principal Place	of Business	Mailing Address		i samerifet firm sagat teart murit mater	Bâill Bâill âniât liùni ioin noin mat iob	
13500 WORTHINGTON WAY 13500 WORTHINGTON WA			WAY			
BONITA SPRINGS FL 33923		BONITA SPRINGS FL S	33923			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report	
				04/23/1993	05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0405788	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			- Fee Required	
Crty & State		City & State		6. Election Campaign Financing	S5.00 May Be Added to Fees	
23	Couples	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	··· · · · · · · · · · · · · · · · · ·	
Zip	Country 25	2p	30	' -	Yes No	
24	9. Name and Address of Cur			10. Name and Address of New Fig.		
			61 Name			
(VINTER)	V VERTUV		82 Street A	Cheryl R. Kraus, address (P.O. Box Number is Not Acceptable	P.A.	
AKDENDIGK, DE BENAX WORTHINGE GIK GOUNTERYCE UBX			82 Street F	1100 Fifth Avenue South, #201		
1890K WERINDERCH WAX				1100 III AVOIDE		
	SPRINGS (N.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		24 0"		Ing   Zim Code	
DEMINA	ALWINDON LEVIOSES		84 City	Naples,	FL 85 Zip Code 33940	
11. Pursuant to	o the provisions of Sections 617.0	1502 and 617.1508, Florida Statut	tes, the above named co	constian cultimite this statement for the nur	nose of changing its registered office	
or registeri familiar wit	ed agent, or both, in the State of F h, and accept the obligations of S	Florida. Such change was authoria Section 617.0503. Florida Statute:	zed by the corporation's i s.	poard of directors. Thereby accept the appo	bintment as registered agent i am	
SIGNATURE _	Amul	1,2-1	CHER	YUR KRAUS	4-29-96	
SIGNATURE _	Signature, lyped or printed name of register it a	agent and title if applicable (Ni		quired when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS CHANGES TO OFF		
TITLE	DP	<b>™</b> DELETE	11 TITLE	DP	Change ☐ Addition	
NAME	MILLER, DONALD	***	1.2 NAME	Swenson, Carl	is	
STREET ADDRESS	13500 WORTHINGTON WA	AY	1.3 STREET ADDRESS	13500 Worthington	way u	
CITY-ST-ZIP	BONITA SPRINGS FL	<b>₩</b> DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Bonita Springs, F.	Change ☐ Addition	
TITLE	ONENCON CADI	X Detect	1 2 2 NAME	24.	******	
NAME ATAKET ADADESS	SWENSON, CARL	AV	2 3 STREET ADDRESS	Miller, Donald	Mari	
STREET ADDRESS	S 13500 WORTHINGTON WAY BONITA SPRINGS FL		2 4 CITY - ST - ZIP	13500 Worthington Way Bonita Springs, Fl 33923		
CITY-ST-ZIP TITLE	VSD VSD	DELETE	31 HTLE	Bonita Springs, F.	Change Addition	
NAME	FRABUTT, PETER	٠٠٠	3.2 NAME		_	
STREET ADDRESS	13500 WORTHINGTON W	ΔV	3.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL	M	34. CITY-ST-ZIP			
TITLE	PAIRIU A URIAN IF	DELETE	41 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	61 THLE	20000184 -05/29/96011	Change	
NAME			6.2 NAME		19036	
STREET ADDRESS			6.3 STREET ADORESS	***61.25	au run - rum haf haf	
CITY-ST-ZIP			6 4 CITY - ST - ZIP			
				10 for all and a constant and the Company 4.40	OZ/Ovild Florida Statuton I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE | SIGNING OFFICER OR DIRECTOR | Signing Proce | Signing Pro 4.36-96 OS 5/1/

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