
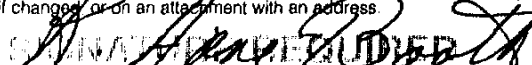


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001822 (6) 1. Corporation Name WEDGEWOOD COMMONS ASSOCIATION II, INC.					
Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 33999 US		Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135-3476 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34135 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/23/1993 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0405788 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KRAUS, CHERYL R P.A. 1100 FIFTH AVENUE SOUTH, #201 NAPLES FL 33945			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34102		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input checked="" type="checkbox"/> DELETE NAME SWENSON, CARL STREET ADDRESS 13500 WORTHINGTON WAY CITY-ST-ZIP BONITA SPRINGS FL 33923			1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME BOOTH, K. ARNE 1.3 STREET ADDRESS 13500 WORTHINGTON WAY 1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135		
TITLE DVT <input checked="" type="checkbox"/> DELETE NAME MILLER, DONALD STREET ADDRESS 13500 WORTHINGTON WAY CITY-ST-ZIP BONITA SPRINGS FL 33923			2.1 TITLE DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MILLER, VI 2.3 STREET ADDRESS 13500 WORTHINGTON WAY 2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135		
TITLE VSD <input checked="" type="checkbox"/> DELETE NAME FRABUTT, PETER STREET ADDRESS 13500 WORTHINGTON WAY CITY-ST-ZIP BONITA SPRINGS FL 33923			3.1 TITLE DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ODORICO, JOHN 3.3 STREET ADDRESS 13500 WORTHINGTON WAY 3.4 CITY-ST-ZIP BONITA SPRINGS, FL 34135		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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.					
SIGNATURE:  K. ARNE BOOTH 4/17/97 94/495-0244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7060418					



CR2E037 (9/96)