FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001822 (6)

WEDGEWOOD COMMONS ASSOCIATION II, INC.

Principal Place of Business Mailing Address

13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135
US

Mailing Address

13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

FILED Apr 20 1998 8:00am Secretary of State

3. Date Incorporated or Qualified

BONITA SPRINGS FL 34135 LIS		BONTA SPRINGS FL 33923 US		04/23/1993	04/23/1993	
		00		4. FEI Number	Applied For	
				65-0405788	Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		28 13500 WONTH	<u>hington Wa</u>	y 5. Certificate of Status Desired	Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	9	6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State	9	City & State		7. Is this nonprofit corporation a homeowi	ners association?	
23		20 Bonita Spri	ms FL	∑ Yes	□ No	
Zip	Country	Ziρ	Country	8. This corporation owes or has paid the	current year Intangible	
24	25	20 34135 s	0 US	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent	
			81 Name	jowitz. Angelo A.		
KRALIS	CHERYL R P.A.		82 Street A	OWITZ Angelo A. Address (P.D. Rox Numberla, Not Acceptable)		
	TH AVENUE SOUTH, #201		1000	THING TON COUNTRY CLUB		
	FL 34102		183			
MAPLES	FL 34102		1350	DO WORTHINGTON WAY		
•			84 <u>City</u>)	85 Zip Code	
44 5		- A - A - A	140001	ita Springs F	L 34135	
11. Pursuant i	to the provisions of Sections 617.05 egistered agent or both, in the State	02 ang/617.1506, Florida Statutes of Morida Silch change was au	, the above-named (corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	tor changing its registered to continue the continue of the co	
agent. I a	m familiar with and no ep me obje	tions of Oction 17.0503, Florid	a Spatutes.	i) .	
SIGNATURE	Mugan	Show		3 3	198	
	Signature, typed of printed name of registered ap		Registered Agent signature (required when reinstating) / DATE	·	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP C	≥ DELETE	1,1 TITLE	ĎΡ	Change 🔀 Addition	
NAME	BOOTH, K A		1.2 NAME	miller, Don		
STREET ADDRESS	13500 WORTHINGTON WAY	1	1.3 STREET ADDRESS	13500 Worthington Way		
CITY-ST-ZIP	BONITA SPRINGS FL		1,4 CITY-ST-ZIP	Bornta Springs, FL 341	3 5	
TITLE	DVT	∑ *DELETE	2.1 TITLE	DVT	Change Addition	
NAME	MILLER, VI	_	2.2 NAME			
STREET ADDRESS	13500 WORTHINGTON WAY	,	2.3 STREET ADDRESS	13500 Worthington Way		
	BONITA SPRINGS FL		A 4 OTTY OT TIO	Basita Saines FL 39	1135	
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	Zagursky, soe 13500 Worthington Way Bornita Springs, FL 3° DVS	Change Addition	
TITLE	DVS	المامان كر	3.1 TITLE	DVS	Totalido Promot	
NAME	ODORICO, JOHN	•	3.2 NAME	DWENDON, CON I water Way		
STREET ADDRESS	13500 WORTHINGTON WAY		3.3 STREET ADDRESS	13500 WOTTHWY !!	2412	
CITY-ST-ZW	BONITA SPRINGS FL		3.4. CITY-ST-ZIP	Swenson, Cart 13500 Worthington Way Bonita Springs, FL	2 77 23	
TITLE		DELETE	4.1 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		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		[] DECEIE	6.1 TITLE		La change La radition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	ertify that the information supplied	with this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

Interest certify that the information supplied with this first plant 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 order with 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

Consell M AMERICA 3/30/

941-947 838