

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005802 (4)

1. Corporation Name

WEDGEWOOD VI, INC.



Principal Place of Business

13550 WORTHINGTON WAY  
BONITA SPRINGS FL 33923

Mailing Address

13550 WORTHINGTON WAY  
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0468172

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRUGGER, JOHNNY~~  
~~600 5TH AVE SOUTH~~  
~~SUITE 210X~~  
~~NAPLES FL 33940~~

81. Name

Cheryl R. Kraus, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)

1100 Fifth Avenue South, #201

83.

84. City

Naples

FL

85. Zip Code

33923

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DARRAGH, JEFF	
STREET ADDRESS	13550 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	HARDY, PAUL	
STREET ADDRESS	13550 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	TOLSON, RENEE	
STREET ADDRESS	13550 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Swenson, Carl	
1.3 STREET ADDRESS	13500 Worthington Way	
1.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Green, Robert	
2.3 STREET ADDRESS	13500 Worthington Way	
2.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
3.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carson, Erica	
3.3 STREET ADDRESS	13500 Worthington Way	
3.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

Daytime Phone #

05. 511/96

CR2E037 (12/95)