## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 07, 2007 8:00 am Secretary of State

05-03-2007 90039 007 \*\*\*\*61.25

1. Entity Nam	MENT # N94000004 WEL HOMEOWNERS' ASS		05-03-2007 90039 007 ****61.25				
Principal Place of Business 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US		Mailing Address C/O RESORT MANAGEMENT 2685 HOSRESHOE DR S #215 NAPLES, FL 34104 US					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	, a <u>us</u> ann a				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162007 C	hg-NP CR2	E037 (12/06)	
City & State	9	City & State		4. FEI Number 65-052677	76		plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Require	
	6Name and Address of Current	Registered Agent_		/ 7. Name and Add	ress of New Register	red Agent	
GRANT, G	EORGIA LANE #24		Name Street Address	(P.O. Box Number is	FODES'		
NAPLES, FL 34119				1 1/01/	2 /0.00	#20	
			City //	0/05	<u> </u>	FL Zip-699	1/Q
	named entity submits this statement for ions of registered agent.		egistered office or registration				and accept
SIGNATURE	Signature, typed or printed furne of registered agent	·	Registered Agent signature requi		J ,	1-07 TE	<u></u>
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State		
10.	OFFICERS AND DI	RECTORS /	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, GEORGIA 188 VISTA LN #24 NAPLES, FL 34119	Delete	TITLE S MC NAME STREET ADDRESS 15 CITY-ST-ZIP	orehouse, Yi		☐ Change	Addition
TITLE NAME STREET ADDRESS	DT FOBES, CLYDE 164 VISTA LN 28	☐ Delete	TITLE NAME STREET ADDRESS	bes clyde	2 34119 2 428	Change	☐ Addition
TITLE NAME STREET ADDRESS	DS DS NAPLES, FL 34119	N Delete	TITLE T	opies, Fr.	<u> </u>	☐ Change	Addition
CITY-\$T-ZIP	TRICKER, STACY 200 VISTA LN 22 NAPLES, FL 34119		NAME STREET ADDRESS CITY-ST-ZIP	14, John 19	1112#4 - 34119		
CITY-ST-ZIP  THTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	200 VISTA LN 22	□ Delete	STREET ADDRESS 13	ayista 19 Japies, Fi	ane #4 . 34/19	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	200 VISTA LN 22	□ Delete	STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	ayies, Fi	ane#4 34119	☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CCYDE R. FODES

5-1-07

Daytime Phone #

4TTACHMENT 66013422 H-N94000004914

And QUESTIONS Call Sava at 239-649-5526 Sent copy with V#558 + forgot to get Signed. Here is the correct one.