

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001907

FILED
Apr 15, 2008
Secretary of State

Entity Name: WEDGEWOOD HOMEOWNERS' ASSOCIATION AT THE VINEYARDS, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0579357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBARO, JOHN
Address: 610 SHORELINE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: MULLER, ARTHUR
Address: 602 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: LOTZ, DAVID
Address: 589 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURKE, DOUG
Address: 553 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

Title: TD (X) Change () Addition
Name: SOLANO, PETER
Address: 582 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Change () Addition
Name: SOLOT, HOWARD
Address: 573 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG BURKE

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date