

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001907

FILED  
Apr 14, 2009  
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: BURKE, DOUG  
Address: 553 WEDGEWOOD WAY  
City-St-Zip: NAPLES, FL 34119

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DEMIDOVICH, STEPHEN  
Address: 505 WEDGEWOOD WAY  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date