2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90147 039 ****61.25

DOCUMENT # N99000004774

1. Entity Name

WEDGE WOOD AT PELICAN STRAND NEIGHBORHOOD ASSOCI

Principal Place of Business	Mailing Address
9400 GLADIOLUS DR.. STE. 250 FT. MYERS FL 33908	9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908-7600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, Fl 34110

Suite, Apt. #, etc.

City & State

Zip | Country | Zip | Country

4. FEI Number 65-0983264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY
8889 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Street Property Management
Professionals of SW Florida
100 Vineyards Blvd.
City Naples, FL 34109 Zip Code

8. 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 s/ Carlynn Corbett 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REISMAN, JOHN 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GULLO, VINCE 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KNIZNER, DAVE 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SIGNATURE REQUIRED 5/1/00 941-489-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #