2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **N99000004774**

1. Entity Name
WEDGE WOOD AT PELICAN STRAND NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	PROPERTY MANAGEMENT PROFESSIONALS 100 VINEYARDS BLVD. NAPLES FL 34110

2. Principal Place of Business	3. Mailing Address
	265 AIRPORT ROAD, SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES FL
Zip / Country	Zip: 34104 / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
PROPERTY MANAGEMENT PROFESSIONALS 100 VINEYARDS DRIVE NAPLES FL 34109 US	Name: CARROLL GLENN Street Address (P.O. Box Number is Not Acceptable): 265 AIRPORT ROAD, SOUTH City: NAPLES **FL** Zip Code: 34104

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 **GLENN CARROLL** **04/29/2001**
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	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	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	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		☐ 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 (11/00)

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: JOHN REISMAN DP 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #