

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004774

FILED
Jan 26, 2005
Secretary of State

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

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER ROAD, #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER ROAD, #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0983264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
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: TAYLOR, DONALD
Address: 5948 SAND WEDGE LANE #908
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: EDSON, JUDITH
Address: 5945 SAND WEDGE LANE #1007
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BELL, BETTY
Address: 5967 SAND WEDGE LANE #106
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GAUCH, RON
Address: 5928 SAND WEDGE LANE #1804
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HETTINGER, MICHAEL
Address: 5936 SAND WEDGE LANE #1606
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: EDSON, JUDITH
Address: 5945 SAND WEDGE LANE #1007
City-St-Zip: NAPLES, FL 34110

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

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

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

Title: STD () Change (X) Addition
Name: LARSON, BILL
Address: 5967 SAND WEDGE LANE #102
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD TAYLOR

PD

01/26/2005

Electronic Signature of Signing Officer or Director

Date