2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N99000004774

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: GAUCH, RONALD
Address: 5928 SAND WEDGE LANE #1804
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: LARSON, BILL
Address: 5967 SAND WEDGE LANE #102
City-St-Zip: NAPLES, FL 34110

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

Title: D ( ) Delete
Name: HETTINGER, MICHAEL
Address: 5936 SAND WEDGE LANE #106
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete
Name: KELLEHER, PAT
Address: 5959 SAND WEDGE LANE #403
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: BELL, BETTY
Address: 5967 SAND WEDGE LANE #106
City-St-Zip: NAPLES, FL 34110

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

Title: D (X) Change ( ) Addition
Name: CRAWFORD, DOROTHY
Address: 5967 SAND WEDGE LANE #108
City-St-Zip: NAPLES, FL 34110

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: RONALD GAUCH PD 02/28/2008

Electronic Signature of Signing Officer or Director — Date