## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S28914

Principal Place of Business

WEDGEWOOD OF SANIBEL DEVELOPMENT CORPORATION

POST OFFICE E SANIBEL ISLANI		POST OFFICE BOX 716 SANIBEL ISLAND FL 33957							
ormander 100mi	0 12 0000					DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						01/31/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		$\vdash$	pplied For	
21		26				65-0240143	·		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			
City_& State	<del>)</del>	City & State				6. Election Campaign Financing	7	\$5.00	May Be
13		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip Country				8. This corporation owes the current			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered A	gent	
		81 Na	ame						
	ENIA, JOHN		82 Street Address (P.O. Box N			ess (P.O. Box Number is Not Acceptable	<del>)</del>		
	1 CAPTIVA RD.						·		
CAP	tiva island fl 33924			83		•			
	•			84 Cit	h	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
					•		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the al	bove-nar	med corpo	pration submits this statement for the pun's board of directors. I hereby accept t	rpose of c	hanging it ment as o	s registered egistered
office or re agent. I as	egistered agent, or both, in the State m familiar with; and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	ida Statı	ites.	corporatio	it's board of directors. Thereby accept to	не аррони	anone as t	ogisto. Ca
SIGNATURE	ii								
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signs	ature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	DPS	☐ DELETE	1.1 TII	ΠE				Change	☐ Addition
NAME	ARMENIA, JOHN		1.2 NA	ME					
STREET ADDRESS	15631 CAPTIVA RD.		1.3 ST	REET ADDF	RESS				Ì
CITY-ST-ZIP	CAPTIVA ISLAND FL		1.4 CI	TY-ST-ZIP				Channe	- Addition
TITLE \	τ .	☐ DELETE	2.1 111	rle				☐ Change	Addition
NAME	ARMENIA, JOHN		2.2 NA	ME					
STREET ADDRESS	15631 CAPTIVA RD.		2.3 ST	REET ADDR	RESS				
CiTY-ST-ZIP	CAPTIVA ISLAND FL			ITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TT	πE				Change	Addition
NAME			.3.2 NA	ME_				* >=	
STREET ADDRESS			3.3 ST	REET ADDE	RESS				
CITY-ST-ZiP			3.4. C	ITY-ST-ZIP				= -	
TITLE		☐ DELETE	4.1 TT	TLE				☐ Change	Addition
NAME			4. 2 N.	AME					
STREET ADDRESS			4.3 S1	TREET ADDR	RESS	•			
CITY-ST-ZIP			_	TY-ST-ZIP		±00.			
TITLE	`~	☐ DELETÉ	5.1 TT					☐ Change	Addition
NAME			5.2 NA						
STREET ADDRESS	•			REET ADDI	i				
CITY-ST-ZIP				TY-ST-ZIP				П <i>с</i> ь	
TITLE		☐ DELETE	6.1 TT		1			☐ Change	e
NAME			6.2 N						
STREET ADDRESS				TREET ADD	RESS				
CITY-ST-ZIP				TY-ST-ZIP				K . 11	Información -
Indiantad	on this applied congrt or cumplements	il annual record is liture and accur	rate and	that my	sionature	Section 119.07(3)(i), Florida Statutes. I for shall have the same legal effect as if m	iade unde	roain: ina	K ram an
officer or	director of the corporation of the rece or Block 13 if changed, or on an attac	eiver or traistee empowered to ex	xecute ti	ns repor	t as recuii	red by Chapter 607, Florida Statutes; a	nd that my	name ap	pears in

SIGNATURE:

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90086 033 \*\*\*150.00