

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47608

Entity Name: THE LAKE VILLAS OF WEDGEWOOD AT BONITA BAY III, INC.**FILED**
Mar 25, 2022
Secretary of State
0677771870CC**Current Principal Place of Business:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-0394509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEIDNER, RALPH L
C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US*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**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY, TREASURER
Name	HIMOWITZ, MICHAEL J
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP, DIRECTOR
Name	FOISY, LOUISE
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	ZOELLICK, JUDITH A.
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	CALLAHAN, BRIAN
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	PRESIDENT, DIRECTOR
Name	NOLAN, DAVID JR.
Address	C/O GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

I hereby 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 all other like empowered.

SIGNATURE: DAVID NOLAN**PRESIDENT****03/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date