## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004774

Entity Name: WEDGE WOOD AT THE STRAND CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101

FT. MYERS, FL 33912

**Current Mailing Address:** 

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101 FT. MYERS, FL 33912 US

FEI Number: 65-0983264

Certificate of Status Desired: No

**FILED** 

Sep 17, 2024

Secretary of State 7596893724CC

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD. SUITE 101 FT. MYERS, FL 33912 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: HEATHER BROKAW 09/17/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name SHIROFF, HARRY Name GABRIELE, PAULA

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD.

SUITE 101 SUITE 101

City-State-Zip: FT. MYERS FL 33912 City-State-Zip: FT. MYERS FL 33912

TitleTREASURERTitleSECRETARYNameZAMMIT, JOHNNameBELL, BETTY

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD.

SUITE 101 SUITE 1

City-State-Zip: FT. MYERS FL 33912 City-State-Zip: FT. MYERS FL 33912

Title DIRECTOR Title DIRECTOR

Name COZZOLINO, GEORGE Name HANAHAN, LAURA

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD.

SUITE 101 SUITE 101

City-State-Zip: FT. MYERS FL 33912 City-State-Zip: FT. MYERS FL 33912

Title DIRECTOR Title DIRECTOR

Name COOPER, IRINA Name EVANS, GEORGE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

13461 PARKER COMMONS BLVD. 13461 PARKER COMMONS BLVD.

SUITE 101 SUITE 101

City-State-Zip: FT. MYERS FL 33912 City-State-Zip: FT. MYERS FL 33912

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: PAULA GABRIELE

**PRESIDENT** 

09/17/2024

Electronic Signature of Signing Officer/Director Detail

Date