

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004774

Entity Name: WEDGE WOOD AT THE STRAND CONDOMINIUM
ASSOCIATION, INC.**FILED**
Apr 22, 2022
Secretary of State
5045904181CC**Current Principal Place of Business:**5435 JAEGER ROAD #4
NAPLES, FL 34109**Current Mailing Address:**C/O ASSOCIA GULF COAST
13461 PARKER COMMONS BLVD,
FORT MYERS, FL 33912 US**FEI Number: 65-0983264****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA GULF COAST
C/O ASSOCIA GULF COAST
13461 PARKER COMMONS BLVD,
FORT 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: JOHN HENSLEY****04/22/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	GABRIELE , STEVEN
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	VP
Name	MORGAN, LUCINDA
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	TREASURER
Name	SHAFFER, KERRY
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	SECRETARY
Name	LARSON, LYNN
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	EVANS, GEORGE
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	SHIROFF, HARRY
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	RAPPAPORT, STEWART
Address	C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD,
City-State-Zip:	FORT 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: GABRIELE , STEVEN**PRESIDENT****04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date