


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90072 019 \*\*\*\*61.25

**DOCUMENT # N0000002147**

1. Entity Name  
**VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**C/O LANDMARK DEVELOPMENT GROUP  
 5668 STRAND COURT, #108  
 NAPLES, FL 34110**

Mailing Address  
**C/O LANDMARK DEVELOPMENT GROUP  
 5668 STRAND COURT, #108  
 NAPLES, FL 34110**

2. Principal Place of Business & Mailing Address  
**Gulf Breeze Management Services of SW FL, LLC  
 27725 Old 41 Suite 104  
 FL, LLC**



City & State  
**Bonita Springs, FL**

Zip  
**34135**

Country  
**USA**

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3697168**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COHEN & GRIGSBY PC  
 27200 RIVERVIEW CENTER BLVD  
 SUITE 309  
 BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent  
 Name: **Weidner, Ralph L.**  
**Gulf Breeze Management Services of SW FL, LLC**  
 Street Address (P.O. Box Number is Not Acceptable):  
**27725 Old 41 Suite 104**  
 City: **Bonita Springs** FL Zip Code: **34135**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ralph L. Weidner* **Ralph L. Weidner** 3/10/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>LANDRY, KEN<br>5668 STRAND COUNRT, #108<br>NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>Corsones, Dean<br>15747 Villoroesei Way<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PIERCE, JAMES E<br>5668 STRAND COURT, #108<br>NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>Jay, Barbara<br>15723 Villoroesei Way<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTSD<br>GREENOUGH, NORM M<br>5668 STRAND COUNRT, #108<br>NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>Melancon, Tom<br>15655 Villoroesei Way<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>DIAMOND, MICHAEL<br>5668 STRAND COURT, #108<br>NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>England, Herb<br>15687 Villoroesei Way<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Crawford, Peter<br>15699 Villoroesei Way<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dean Corsones* **Dean Corsones** 3-10-05 (239) 596-3650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb