

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 037 ****61.25

DOCUMENT # N00000002147

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



Principal Place of Business
**C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT. STE. 200
BONITA SPRINGS, FL 34135**

Mailing Address
**C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT. STE. 200
BONITA SPRINGS, FL 34135**

50001032



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3697168

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDNER, RALPH L
C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT. STE. 200
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME CORSONES, DEAN
STREET ADDRESS 15747 VILLORESI WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TURNER, DAVE
STREET ADDRESS 45639 VILLORESI WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MELANCON, TOM
STREET ADDRESS 15655 VILLORESI WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENGLAND, HERB
STREET ADDRESS 15687 VILLORESI WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CRAWFORD, PETER
STREET ADDRESS 15699 VILLORESI WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/12/08

(239) 596-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

vb