


**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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-3697168**

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent  
**WEIDNER, RALPH L  
 C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
 8910 TERRENE CT. STE. 200  
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	CORSONES, DEAN	
STREET ADDRESS	15747 VILLORESI WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNER, DAVE	
STREET ADDRESS	45639 VILLORESI WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MELANCON, TOM	
STREET ADDRESS	15655 VILLORESI WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLAND, HERB	
STREET ADDRESS	15687 VILLORESI WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, PETER	
STREET ADDRESS	15699 VILLORESI WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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