## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002147

FILED Apr 15, 2009 Secretary of State

Entity Name: VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135				%GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135			
Current Mailing Address:				New Mailing Address:			
C/O GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135				%GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135			
FEI Number:	59-3697168	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address o	f 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 US				WEIDNER, RALPH L %GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135 US			
The above in the State		submits this statement for the p	urpose of	f changing i	ts registered	d office or registered agent, or both,	
SIGNATURE:				04/15/2009			
	Electro	onic Signature of Registered Age	 nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( CORSONES, 15747 VILLO NAPLES, FL	RESI WAY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( TURNER, DA' 45639 VILLO NAPLES, FL	RESI WAY		Title: Name: Address: City-St-Zip:	VD TURNER, DA 15639 VILLO NAPLES, FL	ORESI WAY	
Title: Name: Address: City-St-Zip:	STD ( MELANCON, 15655 VILLO NAPLES, FL	RESI WAY		Title: Name: Address: City-St-Zip:	STD BAILEY, PE 15608 VILLO NAPLES, FL	ORESI WAY	
Title: Name: Address: City-St-Zip:	D ( ENGLAND, HI 15687 VILLO NAPLES, FL	RESI WAY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( CRAWFORD, 15699 VILLO NAPLES, FL	RESI WAY		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEAN CORSONES PRES 04/15/2009