

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002147

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

%GULF BREEZE MGMT. SVCS. OF SW FL,LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

%GULF BREEZE MGMT. SVCS. OF SW FL,LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135

**FEI Number:** 59-3697168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE CT. STE. 200  
BONITA SPRINGS, FL 34135 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: \_\_\_\_\_

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORSONES, DEAN  
Address: 15747 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: TURNER, DAVE  
Address: 15639 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

Title: STD  
Name: BAILEY, PETE  
Address: 15608 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: ENGLAND, HERB  
Address: 15687 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: CRAWFORD, PETER  
Address: 15699 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

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: DEAN CORSONES

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date