


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90036 046 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N22002 1. Corporation Name GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business | Mailing Address | |
| GULF BREEZE MANAGEMENT SERVICES 10651 WOOD IBIS BONITA SPRINGS FL 34135 US | GULF BREEZE MGT SERVICES 10651 WOOD IBIS BONITA SPRINGS FL 33928 US | |



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Gulf Breeze Management | 2a Services, Inc. | 08/12/1987 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 27725 Old 41, Ste. 206 | 27 Same | 65-0104230 |
| City & State | City & State | Applied For |
| 23 Bonita Springs, FL | 28 Same | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 24 34135 | 25 USA | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | 29 | 30 |
| | | 6. Election Campaign Financing Trust Fund Contribution |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| ADAMS, JOSEPH BECKER & POLIAKOFF, PA 13515 BELL TOWER DRIVE, STE 101 FT MYERS FL 33907 | 81 Name Estelle K. Maurer, CAM 82 Street Address (P.O. Box Number is Not Acceptable) Gulf Breeze Management Services, Inc. 83 27725 Old 41, Suite 206 84 City Bonita Springs FL 85 Zip Code 34135 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Estelle K. Maurer* Estelle K. Maurer DATE 2/5/99

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAJERCZAK, RAY | 1.2 NAME | |
| STREET ADDRESS | 20071 WOLFEL TRAIL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEAVOY, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 20061 WOLFEL TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISHOP, NANCY | 3.2 NAME | Desiree Bowles |
| STREET ADDRESS | 4230 UTE COURT | 3.3 STREET ADDRESS | 4255 Ute Court |
| CITY-ST-ZIP | ESTERO FL | 3.4 CITY-ST-ZIP | Estero, Florida 33928 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEMP, DALE | 4.2 NAME | |
| STREET ADDRESS | 4251 UTE COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO FL 33928 | 4.4 CITY-ST-ZIP | |
| TITLE | DAST <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZEOLI, RICHARD | 5.2 NAME | |
| STREET ADDRESS | 20055 WOLFEL TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Peavoy *Charles E Peavoy* (941) 947-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)