

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90256 007 \*\*\*\*61.25

**DOCUMENT # N22002**

1. Entity Name

**GREENWOOD VILLAGE AT BRECKENRIDGE CONDOMINIUM AS  
SOCIATION, INC.**



Principal Place of Business

% GULF BREEZE MANAGEMENT SERVICES, INC.  
27725 OLD 41, STE 104  
BONITA SPRINGS FL 34135  
US

Mailing Address

% GULF BREEZE MANAGEMENT SERVICES, INC.  
27725 OLD 41, STE 104  
BONITA SPRINGS FL 34135  
US

2. Principal Place of Business

% Gulf Breeze Management Services of SW FL LLC

Mailing Address

% Gulf Breeze Management Services of SW FL LLC



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0104230**

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

**SHIPP, ESTELL K  
GULF BREEZE MANAGEMENT SERV INC  
27725 OLD 41 STE 104  
BONITA SPRINGS FL 34135**

Name Weidner, Ralph L.  
Gulf Breeze Management Services of SW FL, LLC  
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 Ralph L. Weidner

Ralph L. Weidner

4/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **VD**  Delete  
NAME **MANNING, WILLIAM**  
STREET ADDRESS **20021 WOLFEL CT.**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **V/D**  Change  Addition  
NAME **Jansky, Richard**  
STREET ADDRESS **4216 Jace Court**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE **PD**  Delete  
NAME **PEAVOY, CHARLES**  
STREET ADDRESS **20061 WOLFEL TRAIL**  
CITY-ST-ZIP **ESTERO FL**

TITLE **D**  Change  Addition  
NAME **Jackson, Gary**  
STREET ADDRESS **4262 Ute Court**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE **SD**  Delete  
NAME **BOWLES, DESIREE**  
STREET ADDRESS **4255 UTE CT**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **S/T/D**  Change  Addition  
NAME **Doty, Joyce**  
STREET ADDRESS **20012 Wolfel Trail**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE **D**  Delete  
NAME **MORGAN, ALLAN**  
STREET ADDRESS **4263 UTE CT**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D**  Change  Addition  
NAME **Gutenkunst, Phillip**  
STREET ADDRESS **4218 Ute Court**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE **TD**  Delete  
NAME **GALLANT, FRANK**  
STREET ADDRESS **4224 JACE CT.**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **P/D**  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 exemption stated in Section 119.07(3)(i), 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: Francis X. Gallan Francis X. Gallan 3/7/03 (239) 992-5170

CR2E037 (10/02)