

**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)