

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003911

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

**Entity Name:** GINGER POINTE AT SHADOW WOOD NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

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

**New Mailing Address:**

%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135

FEI Number: 65-0949579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEIDNER, RALPH L CAM  
%GULF BREEZE MGMT. SVCS OF SW FL, LLC  
8910 TERRENE COURT, SUITE 200  
BONTIA SPRINGS, FL 34135 US

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

WEIDNER, RALPH L CAM  
%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE COURT, SUITE 200  
BONTIA 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, GREG  
Address: 10024 GINGER POINTE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VTD  
Name: JOHNSON, BRIAN  
Address: 10001 GINGER POINTE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD  
Name: YOUNG, LILLIAN  
Address: 10041 GINGER PPONTE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: GREGORY LEWIS

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date