

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90020 036 \*\*\*\*61.25

<b>DOCUMENT # N93000002935</b>					
<b>1. Entity Name</b> VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 US		
<b>2. Principal Place of Business %Gulf Breeze</b> Management Services, LLC 8910 Terrene Court Suite 200			<b>3. Mailing Address %Gulf Breeze</b> Management Services, LLC 8910 Terrene Court Suite 200		
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0429982	
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6.- Name and Address of Current Registered Agent</b>			<b>7.- Name and Address of New Registered Agent</b>		
WEIDNER, RALPH L GULF BREEZE MANAGEMENT SERVICES, LLC 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD	<b>NAME</b> TRUDEL, JULES	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V/D	<b>NAME</b> Van Brunt, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4111 LORENE DR. #103	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<b>STREET ADDRESS</b> 4111 Lorene Drive, #203	<b>CITY-ST-ZIP</b> Estero, FL 33928	
<b>TITLE</b> PD	<b>NAME</b> SPENCER, JEAN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4110 LORENE DRIVE #203	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> SCHOEFFER, RALPH	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4121 LORENE DRIVE #109	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> BUCKLIN, JOAN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4121 LORENE DRIVE, # 201	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> STD	<b>NAME</b> WARD, DEBBIE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4110 LORENE DRIVE, # 110	<b>CITY-ST-ZIP</b> ESTERO, FL 33928		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Doris J. Ward</i> (Doris J. WARD)			2-2-2006 (239) 498-1499		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone # 10</small>		