# SIGNATURE: DEAN CORSONES

Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0000002147

**Entity Name:** VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.

#### **Current Principal Place of Business:**

C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135

## **Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135 US

### FEI Number: 59-3697168

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

WEIDNER, RALPH L C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135 US

SERVICES., INC.

above, or on an attachment with all other like empowered.

8910 TERRENE CT. STE. 200 BONITA SPRINGS FL 34135

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:

City-State-Zip:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	CORSONES, DEAN	Name	BURNS, TOM
Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200	Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	SECRETARY, TREASURER, DIRECTOR	Title	DIRECTOR
Name	KILLIAN, JOHN	Name	CRAWFORD, PETE
Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200	Address	C/O GULF BREEZE MANAGEMENT SERVICES., INC. 8910 TERRENE CT. STE. 200
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR		
Name	ENGLAND, HERB M		
Address	C/O GULF BREEZE MANAGEMENT		

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

PRESIDENT

Certificate of Status Desired: No

FILED Apr 30, 2024 Secretary of State 7910622467CC

> 04/30/2024 Date

Date