## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002147

Entity Name: VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION,

INC.

FILED
May 12, 2015
Secretary of State
CC0127382837

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

%GULF BREEZE MGMT. SVCS., INC. 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135

## **Current Mailing Address:**

%GULF BREEZE MGMT. SVCS., INC. 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135 US

FEI Number: 59-3697168 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WEIDNER, RALPH L %GULF BREEZE MGMT. SVCS., INC. 8910 TERRENE CT. STE. 200 BONITA 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 Date

Officer/Director Detail:

Title PD Title VI

Name CORSONES, DEAN Name TURNER, DAVE

Address 8910 TERRENE COURT, SUITE 200 Address 8910 TERRENE COURT, SUITED 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title STD Title D

Name BILLET, VAN Name ENGLAND, HERB

Address 8910 TERRENE COURT, SUITE 200 Address 8910 TERRENE COURT, SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title D

Name COLECLEUGH, ROBERT C

Address 8910 TERRENE COURT, SUITE 200

City-State-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: DEAN CORSONES

**PRESIDENT** 

05/12/2015