

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2019
Secretary of State
8113569005CC

Entity Name: VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.

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
Name CORSONES, DEAN
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VD
Name MONTGOMERY, LEO
Address %GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE CT. STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name CRAWFORD, PETE
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title D
Name ENGLAND, HERB
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, TREASURER,
DIRECTOR
Name HARRIS, CATHLEEN M
Address %GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE CT. STE. 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

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date