## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002147

Entity Name: VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION,

INC.

FILED
Mar 08, 2020
Secretary of State
2859169937CC

## **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 Certificate of Status Desired: No

## 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

CORSONES, DEAN

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:

Name

Electronic Signature of Registered Agent Date

Name

MONTGOMERY, LEO

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

SERVICES., INC. SERVICES., INC.

8910 TERRÉNE CT. STE. 200 8910 TERRÉNE CT. STE. 200

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

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

Title DIRECTOR Title DIRECTOR

Name CRAWFORD, PETE Name ENGLAND, HERB

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT SERVICES.. INC. SERVICES.. INC.

8910 TERRENE CT. STE. 200 8910 TERRENE CT. STE. 200

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

Title SECRETARY, TREASURER,

DIRECTOR

LIADDIO CATILI

Name HARRIS, CATHLEEN M

Address C/O GULF BREEZE MANAGEMENT

SERVICES., 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 03/08/2020