## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002147

Entity Name: VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION,

INC.

**FILED** Aug 03, 2023 Secretary of State 9733425331CC

## **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

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:

Date Electronic Signature of Registered Agent

Name

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR Name CORSONES, DEAN MONTGOMERY, LEO

Address 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

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

Title DIRECTOR Title DIRECTOR

Name CRAWFORD, PETE Name ENGLAND, HERB

Address 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

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

Title SECRETARY, TREASURER,

DIRECTOR

Name HARRIS, CATHLEEN M

C/O GULF BREEZE MANAGEMENT Address

SERVICES., INC.

8910 TERRENE CT. STE. 200

BONITA SPRINGS FL 34135 City-State-Zip:

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.

08/03/2023 PRESIDENT SIGNATURE: DEAN CORSONES