

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N14000000871

**Entity Name:** CIELO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Oct 12, 2021**  
**Secretary of State**  
**5836853660CR****Current Principal Place of Business:**%GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135**Current Mailing Address:**%GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT, SUITE 200  
BONITA SPRINGS, FL 34135 US**FEI Number: 46-4677500****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEIDNER, RALPH L.  
%GULF BREEZE MANAGEMENT SERVICES, INC.  
8910 TERRENE COURT, SUITE 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: RALPH L. WEIDNER****10/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	SOLUM , RICHARD B.
Address	%GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP, DIRECTOR
Name	ARNOTT, JOHN
Address	%GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY, DIRECTOR
Name	BONFIELD, GORDON III
Address	%GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	KANNE, MARC
Address	%GULF BREEZE MANAGEMENT SERVICES, INC. 8910 TERRENE COURT, SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	PRESIDENT, DIRECTOR
Name	BRDA, BRUCE
Address	%GULF BREEZE MANAGEMENT SERVICES, INC. 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: BRUCE BRDA****PRESIDENT****10/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date