

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 16, 2015
Secretary of State
CC5564963597

Entity Name: VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE
CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0429982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
C/O GULF BREEZE MANAGEMENT SERVICES OF SW FL, 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

05/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name WARD, DORIS
Address C/O GULF BREEZE MANAGEMENT
SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VD
Name FULKERSON, JOANNE
Address C/O GULF BREEZE MANAGEMENT
SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title D, DIRECTOR
Name MCMICHAEL, KATHY
Address C/O GULF BREEZE MANAGEMENT
SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title PD
Name PAYNE, BARBARA
Address C/O GULF BREEZE MANAGEMENT
SERVICES OF SW FL, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title SD
Name SPANDE, LON
Address C/O GULF BREEZE MANAGEMENT
SERVICES OF SW FL, 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: BARBARA L. PAYNE

PRESIDENT

05/16/2015

Electronic Signature of Signing Officer/Director Detail

Date