2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002935

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 04/12/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleTREASURER, DIRECTORTitleSECRETARY, DIRECTORNameWARD, DORISNameMACKINNON, DOUGLAS

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

SERVICES OF SW FL, INC. SERVICES OF SW FL, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

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

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name PAYNE, BARBARA Name PERKINS, NELSON

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

SERVICES OF SW FL, INC. SERVICES OF SW FL, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

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

Title VP, DIRECTOR
Name MCCOLL, KATHY

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 PAYNE PRESIDENT 04/12/2019

FILED Apr 12, 2019

Secretary of State

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