

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002935

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

FILED
Apr 26, 2024
Secretary of State
4570970409CC

Current Principal Place of Business:

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

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SERVICES, 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, 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

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name REIFEL, JO ANN M.
Address C/O GULF BREEZE MANAGEMENT
SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, SECRETARY, DIRECTOR
Name FULKERSON, JO ANN
Address C/O GULF BREEZE MANAGEMENT
SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR
Name CRAGO, CAROL
Address C/O GULF BREEZE MANAGEMENT
SERVICES, INC.
8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR
Name CLUCHEY, JOSEPH M.
Address C/O 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: JO ANN REIFEL

PRESIDENT

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date