

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002935

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC2336145248**

**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**

**04/06/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER, DIRECTOR  
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: JOANNE FULKERSON**

**PRESIDENT**

**04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date