

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002935

**FILED  
Apr 24, 2023  
Secretary of State  
0822554497CC**

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

**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**

**04/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            BUTOROVICH, JO  
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: JOANNE FULKERSON**

**PRESIDENT**

**04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date