

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 04, 2021
Secretary of State
7578226639CC

Entity Name: GINGER POINTE AT SHADOW WOOD NEIGHBORHOOD 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: 65-0949579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIDNER, RALPH LCAM
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY, DIRECTOR
Name YOUNG, LILLIAN
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: GREGORY LEWIS

PRESIDENT

05/04/2021

Electronic Signature of Signing Officer/Director Detail

Date