

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90022 042 ***150.00

DOCUMENT # H16795

1. Entity Name
GULF BREEZE OF NAPLES, INC.



Principal Place of Business

**1441 RIDGE ST.
P.O. BOX 8089
NAPLES, FL 33940 US**

Mailing Address

**P. O. BOX 8089
NAPLES, FL 33941 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2436235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELI, ROBERT J.
1175 SPYGLASS LANE
NAPLES, FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

7060 TAMiami TRAIL

City

NAPLES

FL

Zip Code

34103

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME JMOCK, DAVID
STREET ADDRESS 445 TERRAUNA LANE
CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete

TITLE VP
NAME Smock DAVID ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME MELI, ROBERT J. M
STREET ADDRESS 1175 SPYGLASS LANE
CITY-ST-ZIP NAPLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME PAWLINS, JAMES
STREET ADDRESS 975 AQUA CIRCLE
CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME HUDSON, THOMAS D. M
STREET ADDRESS 445 ROSEMEADE LANE
CITY-ST-ZIP NAPLES, FL 34105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY
NAME JAMES LIM
STREET ADDRESS 860 CASSENA ROAD
CITY-ST-ZIP NAPLES, FL 34108 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

Daytime Phone #