# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 02, 2007**
**Secretary of State**

DOCUMENT# H16795

**Entity Name:** GULF BREEZE OF NAPLES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1441 RIDGE ST.
NAPLES, FL 33940 US

**Current Mailing Address:**

P. O. BOX 8089
NAPLES, FL 33941 US

**New Mailing Address:**

3060 TAMIAMI TRAIL N. (ATTN: MIKE CONRATH)
SUITE 202
NAPLES, FL 34103 US

**FEI Number: 59-2436235** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELI, ROBERT J.
3060 TAMIAMI TRL
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: SMOCK, DAVID
Address: 445 TERRAUNA LANE
City-St-Zip: NAPLES, FL 34119

Title: P ( ) Delete
Name: MELI, ROBERT J. M
Address: 1175 SPYGLASS LANE
City-St-Zip: NAPLES, FL

Title: T ( ) Delete
Name: PAWLINS, JAMES
Address: 975 AQUA CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: LIN, JAMES
Address: 860 CASSENA RD
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: SMOCK, DAVID E M.D.
Address: 445 TERRAUNA LANE
City-St-Zip: NAPLES, FL 34119

Title: P (X) Change ( ) Addition
Name: MELI, ROBERT J M.D.
Address: 1175 SPYGLASS LANE
City-St-Zip: NAPLES, FL

Title: T (X) Change ( ) Addition
Name: PAWLUS, JAMES M M.D.
Address: 975 AQUA CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change ( ) Addition
Name: LIM, JAMES S M.D.
Address: 860 CASSENA RD
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. MELI, M.D. P 07/02/2007

Electronic Signature of Signing Officer or Director Date