


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90572 019 \*\*\*\*61.25

<b>DOCUMENT # N00000000332</b>	
1. Entity Name <b>SWEET BAY NEIGHBORHOOD ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110</b>	Mailing Address <b>C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110</b>
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2. Principal Place of Business <b>Gulf Breeze Management Services, LLC 27725 Old 41 Suite 104</b>	3. Mailing Address <b>Gulf Breeze Management Services, LLC 27725 Old 41 Suite 104</b>
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City & State <b>Bonita Springs, FL</b>	City & State <b>Bonita Springs, FL</b>
Zip <b>34135</b>	Country <b>USA</b>

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3697211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>COHEN &amp; GRIGSBY PC 27200 RIVERVIEW CENTER BLVD SUITE 309 BONITA SPRINGS, FL 34134</b>	
7. Name and Address of New Registered Agent <b>Name: Weidner, Ralph L. Gulf Breeze Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41 Suite 104 City Bonita Springs FL Zip Code 34135</b>	

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 <i>Ralph L. Weidner</i>	<b>Ralph L. Weidner</b>	<b>2/11/2005</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANDRY, KEN 5668 STRAND COURT, #108 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, JAMES E 5668 STRAND COURT, #108 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD GREENOUGH, NORM 5668 STRAND COURT, #108 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DIAMOND, MICHAEL 5668 STRAND COURT, #108 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1stV/D Pollock, Jack 9843 Bay Meadow Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Iverson, Gary 9859 Bay Meadow Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ndV/D Heberle, Dick 9863 Bay Meadow Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Montopoli, Jerry 9819 Bay Meadow Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D O'Donovan, Daniel 9822 Bay Meadow Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Gary Iverson</i>	<b>Gary Iverson</b>	<b>5/22/05</b>	<b>(239) 949-5313</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #