

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90397 001 ****61.25

DOCUMENT # N00000000332

1. Entity Name
SWEET BAY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
27725 OLD 41
SUITE 104
BONITA SPRINGS, FL 34135
%Gulf Breeze Mgmt. Svcs. of

Mailing Address
27725 OLD 41
SUITE 104
BONITA SPRINGS, FL 34135
%Gulf Breeze Mgmt. Svcs.

30007300



2. Principal Place of Business **SW FL, LLC**
8910 Terrene Court
Suite, Apt. #, etc.
Suite 200

3. Mailing Address of **SW FL, LLC**
8910 Terrene Court
Suite, Apt. #, etc.
Suite 200

01062006 Chg-NP CR2E037 (11/05)

City & State Zip Country City & State Zip Country

4. FEI Number **59-3697211** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GULF BREEZE MANAGEMENT SERVICES, LLC
27725 OLD 41
SUITE 104
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name **Weidner, Ralph L. %Gulf Breeze Mgmt. Svcs. of**
Street Address (P.O. Box Number is Not Acceptable) **8910 Terrene Court**
Suite **200**
City **FL** Zip Code

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 *Ralph L. Weidner* **Weidner, Ralph L.** 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLLOCK, JACK 9843 BAY MEADOW BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVERSON, GARY 9859 BAY MEADOW BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEBERLE, DICK 9863 BAY MEADOW BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTOPOLI, JERRY 9819 BAY MEADOW BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'DONOVAN, DANIEL 9822 BAY MEADOW BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: *Gary L. Iverson* **Gary L. Iverson** 3-21-06 239-949-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #