

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000332

FILED
Apr 30, 2011
Secretary of State

Entity Name: SWEET BAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

% GULF BREEZE MGMT. SVCS. OF SW FL,LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

% GULF BREEZE MGMT. SVCS. LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

% GULF BREEZE MGMT. SVCS. OF SW FL,LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

% GULF BREEZE MGMT. SVCS. LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 59-3697211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS., OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT STE 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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POLLOCK, JACK
Address: 9843 BAY MEADOW
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD
Name: ALYEA, JERROLD M
Address: 9870 BAY MEADOW
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V2D
Name: MORROW, MARY JO
Address: 9782 BAY MEADOW
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD
Name: PETRONIO, JOHN
Address: 9774 BAY MEADOW
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V1D
Name: CHERUBINO, PAUL
Address: 9759 BAY MEADOW
City-St-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: JACK POLLOCK

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date