

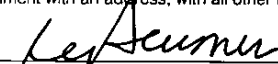


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 015 ****61.25

DOCUMENT # N00000001099 1. Entity Name MILAN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENCE CT SW FL LLC #200 BONITA SPRINGS, FL 34135 US %Gulf Breeze Mgmt. Svcs. of			Mailing Address 8910 TERRENCE CT SW FL LLC #200 BONITA SPRINGS, FL 34135 US %Gulf Breeze Mgmt. Svcs. of		
2. Principal Place of Business - No P.O. Box # Terrene SW FL, LLC			3. Mailing Address SW FL, LLC Terrene		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		01032008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0995506				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT CORP. 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Weidner, Ralph L. %Gulf Breeze Mgmt. Svcs. of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 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 Weidner, Ralph L. <small>Signature, typed or printed name of registered agent and title if applicable.</small>					2/14/08 <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD TAYLOR, JAY 15352 MILAN LANE NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIELE, HENRY 15388 MILAN LANE NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abrams, Daniel 15425 Milan Way Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABRAMS, DAN 15425 MILAN WAY NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Schmidtke, Gilbert J. 15421 Milan Way Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUMER, RICHARD E 15422 MILAN WAY NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, GARY 15418 MILAN WAY NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie, David 15368 Milan Lane Naples, FL 34110 <input type="checkbox"/> Change <input checked="" 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:  Richard E. Breumer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/08		(239) 597-8966 <small>Daytime Phone #</small>