

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001099

FILED
Apr 28, 2011
Secretary of State

Entity Name: MILAN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0995506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH W
%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 W
%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:

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: TAYLOR, JAY
Address: 15352 MILAN LANE
City-St-Zip: NAPLES, FL 34110

Title: PD
Name: THIELE, HENRY
Address: 15388 MILAN LANE
City-St-Zip: NAPLES, FL 34110

Title: STD
Name: SCHMIDTKE, GILBERT J
Address: 15421 MILAN WAY
City-St-Zip: NAPLES, FL 34110

Title: D
Name: BEUMER, RICHARD E
Address: 15422 MILAN WAY
City-St-Zip: NAPLES, FL 34110

Title: VD
Name: BEUMER, RICHARD
Address: 15422 MILAN LANE
City-St-Zip: NAPLES, FL 34110

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: HENRY THIELE

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date