2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 25, 2007 8:00 am Secretary of State

06-25-2007 90003 002 ****61.25

DOCUMENT # N00000002147

1. Entity Name
VILLORESI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

C/O GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200

Mailing Address

C/O GULF BREEZE MGMT. SVCS. OF SW FL,LLC 8910 TERRENE CT. STE. 200

BONITA SPRI	NGS, FL 34135	ROM	BONITA SPRINGS, FL 34135										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042007	Chg-NP	c	R2E037 (1	2/06)		
City & State			City & State			-	4. FEI Number 59-36971	68		-	<u> </u>	olied For Applicable	
Zip	Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
WEIDNER, RALPH L C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE CT. STE. 200 BONITA SPRINGS, FL 34135					Name								
					Street Address (P.O. Box Number is Not Acceptable)								
					City FL Zip Code								
	named entity submits this statement fi ions of registered agent.	or the purp	oose of changing its	register	ed office or reg	gistere	id agent, or both,	in the State	of Florida	a. I am famili	ar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signal						equired v	when reinstating)			DATE			
	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						Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	PD Delete			E						Change	Addition	
NAME	CORSONES, DEAN			NAM	IE								
STREET ADDRESS	15747 VILLORESI WAY				EET ADDRESS								
CITY-ST-ZIP	NAPLES, FL 34110			CITY	-ST-ZIP								
TITLE	VD		☐ Delete	TITL	E						Change	Addition	
NAME	TURNER, DAVE			NAM	L L								
STREET ADDRESS	45639 VILLORESI WAY				EET ADORESS								
CITY-\$1-ZIP	NAPLES, FL 34110			CITY	- ST- ZIP								
TITLE	STD		☐ Delete	TITL							Change	Addition	
NAME	MELANCON, TOM			NAM	-								
STREET ADDRESS	15655 VILLORESI WAY				EET ADDRESS								
CITY-ST-ZIP	NAPLES, FL 34110				'-ST-ZIP								
TITLE	D		☐ Delete	TITL	1					П	Change	Addition	
NAME	ENGLAND, HERB			NAM									
STREET ADORESS	15687 VILLORESI WAY				EET ADDRESS (+ST-ZIP								
CITY-ST-ZIP	NAPLES, FL 34110					-					Change	Addition	
TALE	D SEATED		Delete	TITL	i i						Change	Addition	
NAME STREET ADDRESS	CRAWFORD, PETER 15699 VILLORESI WAY			NAM STR	AL EET ADDRESS								
CITY-ST-ZIP	NAPLES, FL 34110				Y-ST-ZIP								
	200,12 31110		Delete	TITA				_			Change	Addition	
TITLE			La Delete	NAM						J			
STREET ADDRESS	•				EET ADORESS								
SINCEL MODULESS	I				V CT 7ID								

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 tike empowered.

SIGNATURE: .

Jes. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96-3650