

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90193 036 \*\*\*\*61.25

<b>DOCUMENT # N00000006578</b> 1. Entity Name <b>MEDICI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110</b>		Mailing Address <b>C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT, #108 NAPLES, FL 34110</b>	
2. Principal Place of Business <b>Gulf Breeze Management Services, LLC 27725 Old 41 Suite 104</b>		3. Mailing Address <b>Gulf Breeze Management Services, LLC 27725 Old 41 Suite 104</b>	
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>	
4. FEI Number <b>59-3676541</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01062005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>COHEN &amp; GRIGSBY PC 27200 RIVERVIEW CENTER BLVD SUITE 309 BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent <b>Name: Weidner, Ralph L. Gulf Breeze Management Services, LLC Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41 Suite 104 City: Bonita Springs FL Zip Code: 34135</b>	
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 <i>Ralph L. Weidner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Ralph L. Weidner</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANDRY, KEN <input checked="" type="checkbox"/> Delete 5668 STRAND COURT, #108 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Carl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15220 Medici Way Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERCE, JAMES E <input checked="" type="checkbox"/> Delete 5668 STRAND COURT, #108 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Brennan, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15239 Medici Way Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD GREENOUGH, NORM <input checked="" type="checkbox"/> Delete 5668 STRAND COURT, #108 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Goldhaber, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15235 Medici Way Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DIAMOND, MICHAEL <input checked="" type="checkbox"/> Delete 5668 STRAND COURT, #108 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Evans, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15200 Medici Way Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wessel, Jeffrey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15221 Medici Way Naples, FL 34110
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 exemption stated in Section 119.07(3)(i), 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: <i>Michael Brennan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>		<b>Michael Brennan</b> <i>2/17/05</i> (239) 254-9162 <small>Date Daytime Phone # vb</small>	