2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006578



Mar 09, 2006 8:00 am Secretary of State 03-09-2006 90165 042 ****61.25

FILED

MEDICI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	

GULF BREEZE MGMT. SERVICES,LLC 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135		GULF BREEZE MGMT. SERVICES,LLC 27725 OLD 41 STE 104 Bonita Springs, Fl 34135		 	1111 SEM1 E8111 83111				
2. Principal Pl 8910 Ter	lace of Business crene Court	3. Mailing Address 8910 Terrene	3. Mailing Address 8910 Terrene Court						
Suite, Apt. #, etc. Suite 200 Suite 200 Suite 200				01062006 Ch	ıg-NP	CR2E037 (11/05	5)		
City & State	9	City & State			4. FEI Number 59-367654	1		Applied For Not Applicable	
Zip	Country	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Agent		
WEIDNER, RALPH L				Name —					
GULF BRE	ÉEZE MGMT. SERVICES, LLC LD 41 STE 104				s (P.O. Box Number is N rrene Court	Not Acceptable) <u>. </u>		
	PRINGS, FL 34135		Suite 20						
				City			FL Zip C	ode	
	named entity submits this statement for	or the purpose of changing its	registered	d office or regis	stered agent, or both, in	the State of Flo	rida. I am familiar w	ith, and accept	
ano obligati	ono on rogistaros agomi.								
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered	Agent signature requ	ired when reinstating)		DATE		
		9. Election Car	mnaion Fin	nancing	\$5.00 · · · ·	M	ake check payabl	e to	
	Filing Fee is \$61.25 Due by May 1, 2006	I	Trust Fund Contribution.		\$5.00 May Be Added to Fees	Florida Department of State			
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGE	ES TO OFFICER	S AND DIRECTORS	3 IN 10	
			_		·		 -		
TITLE	D CARL	☐ Delete	TITLE				☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS	D SMITH, CARL 15220 MEDICI WAY	☐ Delete	NAME	T ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge 🗌 Addition	
NAME	SMITH, CARL	☐ Delete	NAME	I			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD	☐ Delicte	NAME STREET CITY-S TITLE	I			☐ Chan		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL		NAME STREET CITY-S TITLE NAME	ST-ZIP			-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD		NAME STREET CITY-S TITLE NAME	ST-ZIP T ADDRESS			-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY		NAME STREET CITY-S TITLE NAME STREET	ST-ZIP T ADDRESS			-	ge Addition	
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP			Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS			Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS			Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP COMMENTED COMMENTE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110	Delete Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S CITY-S TITLE NAME STREET CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Char	ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110 D	☐ Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Chan	ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP COMMENTED COMMENTE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110	Delete Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Char	ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110 D WESSEL, JEFFREY	Delete Delete	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Char	ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110 D WESSEL, JEFFREY 15221 MEDICI WAY	Delete Delete	NAME STREET CITY-S TITLE NAME STREET TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Char	ge Addition ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110 D WESSEL, JEFFREY 15221 MEDICI WAY	Delete Delete Delete	NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Char	ge Addition ge Addition ge Addition ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	SMITH, CARL 15220 MEDICI WAY NAPLES, FL 34110 PD BRENNAN, MICHAEL 15239 MEDICI WAY NAPLES, FL 34110 V/D GOLDHABER, RICHARD 15235 MEDICI WAY NAPLES, FL 34110 STD EVANS, ROBERT 15200 MEDICI WAY NAPLES, FL 34110 D WESSEL, JEFFREY 15221 MEDICI WAY	Delete Delete Delete	NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET STREET STREET STREET STREET STREET STREET STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			☐ Char	ge Addition ge Addition ge Addition ge Addition	

I hereby certify that the information supplied with this ining does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports the 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 an other like empowered.

SI	G	N	Δ٦	TI 1	R	F	•

SIGNATURE AN

(239) 254-9162 Paulitime Phone # VD