

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006578

FILED
Apr 21, 2009
Secretary of State

Entity Name: MEDICI AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

8910 TERRENE CT
STE. 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

8910 TERRENE CT
STE. 200
BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 59-3676541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
8910 TERRENE CT
STE. 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, CARL
Address: 15220 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: MACDONALD, JOHN
Address: 15224 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: V/D () Delete
Name: GOLDHABER, RICHARD
Address: 15235 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: LAPIDUS, JUNE
Address: 15232 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: WESSEL, JEFFREY
Address: 15221 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GOLDHABER, RICHARD
Address: 15235 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL SMITH

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date