

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-25-2007 90003 015 ****61.25

DOCUMENT # N02000001486			
1. Entity Name PORTA VECCHIO AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.		Principal Place of Business 8359 BEACON BLVD, STE 213 FORT MYERS, FL 33907	
Mailing Address 21301 SOUTH TAMiami TRAIL, STE 320, PMB 335 ESTERO, FL		2. Principal Place of Business - No P.O. Box # 90 GULF BREEZE MGMT / 91 GULF BREEZE MGMT, LLC 8710 TERRACE CT.	
3. Mailing Address Suite, Apt. #, etc. Suite 200		4. FEI Number 04-3748172	
City & State Bonita Springs, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 34135		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HAYDEN, KEN 21301 S. TAMiami TRAIL, STE 320, PMB 335 ESTERO, FL 33928		7. Name and Address of New Registered Agent Weidner Ralph L. 90 GULF BREEZE MGMT, LLC 8710 TERRACE CT. #200 Bonita Springs FL 34135	
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>Weidner Ralph L.</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>6/1/07</i> (NOTE: Registered Agent Signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE P NAME NAILS, KENNETH STREET ADDRESS 16985 PORTA VECCHIO WAY, #201 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DETLOFF, GERALD STREET ADDRESS 17025 PORT VECCHIO WAY, #202 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME VAN HULLE, JOHN STREET ADDRESS 17066 PORT VECCHIO WAY, #101 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME HAYDEN, KEN STREET ADDRESS 21301 S. TAMiami TRAIL CITY-ST-ZIP ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.			
SIGNATURE: <i>Nails Kenneth</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>6/1/07</i> DAYTIME PHONE # <i>(239) 254-1406</i>	