

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90073 028 ****61.25

DOCUMENT # N02000001486					
1. Entity Name PORTA VECCHIO AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135			Mailing Address 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # Gulf Breeze Mgmt. Svcs. of SW FL, LLC			3. Mailing Address Gulf Breeze Mgmt. Svcs. of SW FL, LLC		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 04-3748172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 8910 TERRENE CT 200 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable) Gulf Breeze Mgmt. Svcs. of SW FL, LLC	
City				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME NAILS, KENNETH STREET ADDRESS 16985 PORTA VECCHIO WAY, #201 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/T/D NAME Simmons, Robert STREET ADDRESS 17056 Porta Vecchio Way, #202 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Moegling, Thurman STREET ADDRESS 17015 Porta Vecchio Way, #202 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Gerald Dettlof 4-16-08 (239) 513-1545 <small>Date Daytime Phone #</small>		