2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001486

FILED Apr 21, 2009 Secretary of State

Entity Name: PORTA VECCHIO AT MEDITERRA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
%GULF BREEZE MGMT. SVCS OF SW FL, LLC 8910 TERRENE COURT #200 BONITA SPRINGS, FL 34135					%GULF BREEZE MGMT. SVCS OF SW FL, LLC 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135				
Current Mailing Address:					New Mailing Address:				
%GULF BREEZE MGMT. SVCS OF SW FL, LLC 8910 TERRENE COURT #200 BONITA SPRINGS, FL 34135					%GULF BREEZE MGMT. SVCS OF SW FL, LLC 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135				
FEI Number: (04-3748172	FEI Numb	per Applied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	te of Status De	esired ()
Name and	Address of	Current Re	gistered Agent:		Name and	Address of	New Reg	istered Age	nt:
WEIDNER, RALPH L 8910 TERRENE CT 200 BONITA SPRINGS, FL 34135 US					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				
	Electro	onic Signatu	re of Registered Agen	t				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	VD (NAILS, KENNI 16985 PORTA NAPLES, FL	A VECCHIO W	AY, #201		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	DETLOFF, GE	VECCHIO WA	Y, #202		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	D (VAN HULLE, 3 17066 PORT NAPLES, FL	VECCHIO WA	Y, #101		Title: Name: Address: City-St-Zip:	D VANHULLE, 17066 PORT NAPLES, FL	VECCHIO W	•	
Title: Name: Address: City-St-Zip:	SIMMONS, RO	A VECCHIO W	AY, #2C2		Title: Name: Address: City-St-Zip:	STD SIMMONS, F 17056 PORT NAPLES, FL	A VECCHIO		
Title: Name: Address: City-St-Zip:	MOEGLING, 1	A VECCHIO W	AY, #1202		Title: Name: Address: City-St-Zip:	D MOEGLING, 17015 PORT NAPLES, FL	A VECCHIO	` '	

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: GERALD DETLOFF PRES 04/21/2009