

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001486

FILED  
May 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 04-3748172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NAILS, CONNIE  
Address: 16985 PORTA VECCHIO WAY, #201  
City-St-Zip: NAPLES, FL 34110

Title: PD  
Name: DETLOFF, GERALD  
Address: 17025 PORT VECCHIO WAY, #202  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: VANHULLE, JOHN  
Address: 17066 PORT VECCHIO WAY, #101  
City-St-Zip: NAPLES, FL 34110

Title: STD  
Name: SIMMONS, ROBERT  
Address: 17056 PORTA VECCHIO WAY, #202  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: LOFTUS, WILLIAM P  
Address: 16994 PORTA VECCHIO WAY, #102  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: GERALD DETLOFF

PRES

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date