

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02334

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** HARBOURSIDE AT WIGGINS BAY CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-2678194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: PD ( ) Delete  
Name: NAYLOR, GARRETT  
Address: 507 CLUBSIDE DR.  
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete  
Name: HENSEL, CHARLES  
Address: 541 CLUBSIDE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: CAMARATA, ANDRE  
Address: 522 CLUBSIDE DR  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: HURRELBRI BIAS, JANNE  
Address: 532 CLUBSIDE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change ( ) Addition  
Name: HENSEL, CHARLES  
Address: 541 CLUBSIDE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: STD (X) Change ( ) Addition  
Name: POWELL, DOUGLAS  
Address: 533 CLUBSIDE DRIVE  
City-St-Zip: NAPLES, FL 34110

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: CHARLES HENSEL

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date