

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 047 ****61.25

DOCUMENT # N03000002636

1. Entity Name
FOREST PARK NEIGHBORHOOD I ASSOCIATION, INC.



Principal Place of Business
**CARDINAL MGMT GROUP OF S.F.L., INC.
5067 TAMiami TR EAST
NAPLES, FL 34113**

Mailing Address
**CARDINAL MGMT GROUP OF S.F.L., INC.
5067 TAMiami TR EAST
NAPLES, FL 34113**

%Gulf Breeze Mgmt. Svcs. of SW FL, LLC

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8910 Terrene Ct. SW FL, LLC 8910 Terrene Ct. SW FL, LLC

Suite, Apt. #, etc.
Suite 200 Suite 200

City & State
Bonita Springs, FL Bonita Springs, FL

Zip Country
34135 USA 34135 USA

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
90-0154447 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEIDNER, RALPH L CAM
C/O GULF BREEZE MANAGEMENT SERVICES
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)
%Gulf Breeze Mgmt. Svcs. of SW FL, LLC

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BENNETT, MAUREEN
3935 RECREATION LN
NAPLES, FL 34116** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KULLICH, ROBERT
4034 STOW WAY
NAPLES, FL 34110** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/S/D
Markle, Brian
3919 Recreation Lane
Naples, FL 34116** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
Smurra, Denise
3923 Recreation Lane
Naples, FL 34116** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen Bennett

Date

May 5, 2008 (239) 352-2326

Daytime Phone # **VD**