

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002636

FILED
Apr 11, 2009
Secretary of State

Entity Name: FOREST PARK NEIGHBORHOOD I ASSOCIATION, INC.

Current Principal Place of Business:

8910 TERRENE CT
SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

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

Current Mailing Address:

8910 TERRENE CT
SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

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

FEI Number: 90-0154447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L CAM
C/O GULF BREEZE MGMT OF SW FL, LLC.
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L CAM
%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:

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, MAUREEN
Address: 3935 RECREATION LN
City-St-Zip: NAPLES, FL 34116

Title: VSD () Delete
Name: MARKIE, BRIAN
Address: 3919 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: TD () Delete
Name: SMURRA, DENISE
Address: 3923 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOX, SIOBHAN
Address: 3931 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: SD (X) Change () Addition
Name: WOOD, SUSAN
Address: 3925 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: VTD (X) Change () Addition
Name: SMURRA, DENISE
Address: 3923 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

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: SIOBHAN FOX

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date