

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003794

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: JASMINE POINTE AT CARLTON LAKES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

%GULF BREEZE MGMT SVCS, LLC  
8910 TERRENE CT., STE 200  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

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

## New Mailing Address:

%GULF BREEZE MGMT SVCS, LLC  
8910 TERRENE CT., STE 200  
BONITA SPRINGS, FL 34135

FEI Number: 33-1085550

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 CT., STE 200  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

WEIDNER, RALPH L  
% GULF BREEZE MGMT SVCS., LLC  
8910 TERRENE CT., STE 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: \_\_\_\_\_

04/22/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: PALICIA, WAYNE  
Address: 5605 SHERBORN DR, # 102  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: CRUMLEY, ROBERT  
Address: 5640 SHERBORN DR., #201  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: BARONE, ANTHONY  
Address: 5660 SHERBORN DR., #202  
City-St-Zip: NAPLES, FL 34110

Title: STD  
Name: SABIN, JUDY  
Address: 5630 SHERBORN DR., #102  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: RICHARDS, ALLEN  
Address: 5625 SHERBORN DR., #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: WAYNE PALICIA

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date