

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001850

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** MIRAMONTE AT GREY OAKS 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:**

MIRAMONTE COURT  
NAPLES, FL 34104

**Current Mailing Address:**

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

**New Mailing Address:**

%KEB MANAGEMENT SERVICES  
6017 PINE RIDGE ROAD #262  
NAPLES, FL 34119

**FEI Number:** 20-3073748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, ANTHONY P  
3185 HORSESHOE DRIVE SOUTH  
NAPLES, FL 34104 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  
Name: SOLOMON, ANTHONY P  
Address: 3185 HORSESHOE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34104

Title: VPD  
Name: TAYLOR, MARK S  
Address: 3185 HORSESHOE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34104

Title: STD  
Name: WELKS, KAREN E  
Address: 3185 HORSESHOE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34104

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:** ANTHONY SOLOMON

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03/22/2011

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

\_\_\_\_\_  
Date