2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2011
Secretary of State

DOCUMENT# N06000007782

Entity Name: AVIANO CARRIAGE HOMES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-5277250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIDNER, RALPH L CAM
%GULF BREEZE MGMT. SVCS., 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
Name: MICHAUX, DAVID
Address: 12850 CARRINGTON CIRCLE, #204
City-St-Zip: NAPLES, FL 34105

Title: TD
Name: DIXON, BRIAN
Address: 12850 CARRINGTON CIRCLE, #201
City-St-Zip: NAPLES, FL 34105

Title: VSD
Name: DESPAGNA, JOHN
Address: 12854 CARRINGTON CIRCLE, #102
City-St-Zip: NAPLES, FL 34105

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: DAVID MICHAUX PRES 05/10/2011

Electronic Signature of Signing Officer or Director — Date