

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18121

FILED
Apr 23, 2011
Secretary of State

Entity Name: OAKWOOD VILLAS AT BONITA BAY HOMEOWNERS ASSOCIATION, 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: 59-2839433

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:

04/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: RETTERER, W. FIELD
Address: 27105 OAKWOOD LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD
Name: CRANDALL, LOWELL J
Address: 27102 OAKWOOD LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: NOLAN, DONNA
Address: 27137 OAKWOOD LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: KORLEWITZ, JAMES
Address: 27107 OAKWOOD LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: GIFFORD, STEVEN
Address: 27110 OAKWOOD LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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: STEVEN GIFFORD

PRES

04/23/2011

Electronic Signature of Signing Officer or Director

Date