

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 036 ****61.25

DOCUMENT # N28082

1. Entity Name
THE CROSSINGS OF BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**%GULF BREEZE MGMT SVCS OF SW FL., LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135 US**

Mailing Address
**%GULF BREEZE MGMT SVCS OF SW FL., LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

40142000



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0119637

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GULF BREEZE MGMT., SVCS OF SW FL, LLC
8910 TERRENE CT
SUITE 200
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent
Name **Ralph L. Weidner**
Street Address (P.O. Box Number is Not Acceptable) **% Gulf Breeze Mgmt Svcs of SW FL, LLC**
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Weidner, Ralph L.** **Ralph L. Weidner** **3/13/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by **May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAKES, DAVID 3280 CROSSING CRT #23 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, LEONA 3331 CROSSINGS CT SUITE 103 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Brennan, Leona 3331 Crossings Ct, #22 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, EARL 3350 CROSSING CT #561 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nelson, Earl 3350 Crossing Ct, #602 Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORSMAN, DARRYL 3331 CROSSING CT #301 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Horsman, Darryl 3331 Crossing Ct, #301 Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEDRONSKI, ROGER 3261 CROSSING CT #102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stedronski, Roger 3261 Crossing Ct, #102 Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roger Stedronski** **3/13/07** **(239) 498-8986**
Signature and typed or printed name of signing officer or director Date Daytime Phone #