

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28082

FILED
May 03, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0119637

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. SRVS. OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS., LLC
8910 TERRENE CT., SUITE 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:

05/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: UHLIG, RICHARD
Address: 3260 CROSSINGS CT., #14
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP
Name: PERSON, DAVID
Address: 3280 CROSSINGS CT., #406
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: HORSMAN, DARRYL
Address: 3331 CROSSING CT., #301
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD
Name: STEDRONSKY, ROGER
Address: 3261 CROSSINGS CT., #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: HAKES, DAVID
Address: 3280 CROSSINGS CT., #23
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: DARRYL HORSMAN

PRES

05/03/2011

Electronic Signature of Signing Officer or Director

Date