

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40831

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** WATERFORD AT BONITA BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 65-0247860

**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 OF SW FL, LLC  
8910 TERRENE COURT, STE. 200  
BONITA SPRINGS, FL 34135 US

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

WEIDNER, RALPH L CAM  
%GULF BREEZE MGMT. SVCS., LLC  
8910 TERRENE COURT, 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: \_\_\_\_\_

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: GAFFNEY, NED  
Address: 3331 GLEN CAIRN CT., #102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V2D  
Name: BARTLETT, JAMES  
Address: 3311 GLEN CAIRN CT., #104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD  
Name: HIGGINS, MICHAEL  
Address: 3330 GLEN CAIRN CT., #202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V1D  
Name: JASPER, DANIEL  
Address: 3320 GLEN CAIRN CT., #103  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD  
Name: MILLER, ROBERT  
Address: 3331 GLEN CAIRN CT., #201  
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: MICHAEL HIGGINS

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date