

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 036 ****61.25

DOCUMENT # N46488

1. Entity Name
**OAKWOOD CARRIAGE HOMES AT BONITA BAY
CONDOMINIUM 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**

50001033



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0335308

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDNER, RALPH L
%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT SUITE 200
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2008**

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 **VD** ☐ Delete
NAME **WORKMAN, WILTON**
STREET ADDRESS **27181 OAKWOOD LAKE DR SUITE 101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **Unit 101**
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **MCBRIDE, DONALD**
STREET ADDRESS **27183 OAKWOOD LAKE DR SUITE 101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Unit 101**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **DOBBIN, ROSS**
STREET ADDRESS **27177 OAKWOOD LAKE DR SUITE 202**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Neswold, Ted (Stewart)**
STREET ADDRESS **27171 Oakwood Lake Dr., Unit 101**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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:

Donald McBride **Donald McBride**

3/10/08

Date

(239) 949-0397

Daytime Phone #

vb