

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 037 ****61.25

DOCUMENT # N50639

1. Entity Name
SIENA OF BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
THE WARNER CORPORATION
886 110TH AVE N., #7
NAPLES, FL 34108 US

Mailing Address
THE WARNER CORPORATION
886 110TH AVE N., #7
NAPLES, FL 34108 US

%Gulf Breeze Mgmt. Svcs. of

%Gulf Breeze Mgmt. Svcs. of

50007888

2. Principal Place of Business **SW FL, LLC**
8910 Terrene Court

3. Mailing Address **SW FL, LLC**
8910 Terrene Court

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

02092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0386526

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, BRYAN J
886 110TH AVE N., #7
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name **Weidner, Ralph L.**
%Gulf Breeze Mgmt. Svcs. of **SW FL, LLC**
Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court
Suite 200
City **Bonita Springs** **FL** Zip Code **34135**

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

Ralph L. Weidner

Weidner, Ralph L.

3/20/06

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, 2006

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WYLIE, JOHN	
STREET ADDRESS	26211 SIENNA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRECKER, DELORES	
STREET ADDRESS	26330 SIENNA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	CLEMENT, RYAN	
STREET ADDRESS	26240 SIENNA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimstad, Jim	
STREET ADDRESS	26250 Siena Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sweeney, Diane	
STREET ADDRESS	26301 Siena Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 filers empowered.

SIGNATURE:

Delores M. Brecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delores M. Brecker

Date

3/20/06 (239)947-0799

Daytime Phone #

vb