

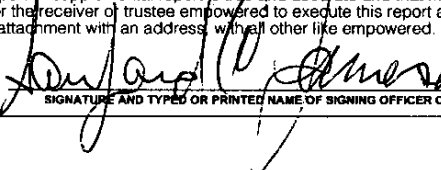


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90019 010 \*\*\*\*61.25

<b>DOCUMENT # N93000005434</b>					
<b>1. Entity Name</b> VILLAGE ON GOLDEN POND AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> GULF BREEZE MANAGMENT SERVICES INC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> GULF BREEZE MANAGMENT SERVICES INC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135 US		
<b>2. Principal Place of Business</b> 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State		<b>3. Mailing Address</b> 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State			
Zip Country		Zip Country		01062006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 65-0570513				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WEIDNER, RALPH L 27725 OLD 41 STE 104 GULF BREEZE MANAGEMENT SERVICES, INC. BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MORGAN, ALLAN 4139 JACE COURT ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEGAN, JOHN 20095 WOLFEL TRAIL ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOTAW-OXENDER, JOANN 4156 JACE COURT ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMESON, SANFORD 4146 JACE CT ESTERO, FL 33928	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTELL, EMO 4141 JACE COURT ESTERO, FL 33928	<input type="checkbox"/> Delete			
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				
<b>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.</b>					
<b>SIGNATURE:</b> 		Sanford Jameson		1/26/06 (239) 498-9875	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	