


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90115 007 \*\*\*\*61.25

<b>DOCUMENT # N93000005434</b> 1. Entity Name <b>VILLAGE ON GOLDEN POND AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>GULF BREEZE MANAGEMENT SERVICES INC, LLC 27725 OLD 41, SUITE 200 BONITA SPRINGS, FL 34135 US</b>				Mailing Address <b>GULF BREEZE MANAGEMENT SERVICES INC, LLC 27725 OLD 41, SUITE 200 BONITA SPRINGS, FL 34135 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State		3. Mailing Address <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State		4. FEI Number <b>65-0570513</b> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>WEIDNER, RALPH L 27725 OLD 41 STE 200 GULF BREEZE MANAGEMENT SERVICES, INC. BONITA SPRINGS, FL 34135</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>%Gulf Breeze Management Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>8910 Terrene Court</b> Suite 200 City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</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 <input type="checkbox"/> Delete <b>MORGAN, ALLAN 4139 JACE COURT ESTERO, FL 33928</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FINNEGAN, JOHN 20095 WOLFEL TRAIL ESTERO, FL 33928</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete <b>VOTAW-OXENDER, JOANN 4156 JACE COURT ESTERO, FL 33928</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>JAMESON, SANFORD 4146 JACE CT ESTERO, FL 33928</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RATTELL, EMO 4141 JACE COURT ESTERO, FL 33928</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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>SIGNATURE:</b> <u>Sanford C. Jameson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11/8/07</u> Daytime Phone # <u>(239) 498-9875</u> vb	