2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005434

FILED Mar 05, 2009 Secretary of State

Entity Name: VILLAGE ON GOLDEN POND AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
% GULF BREEZE MGMT SRVS. OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135 US					%GULF BR 8910 TERR BONITA SF	ENE CT S	TE 200	OF SW FL, LLC US
Current Mailing Address:					New Mailing Address:			
8910 TERR	REEZE MGMT ENE CT STE PRINGS, FL 3	200	OF SW FL, LLC US		%GULF BR 8910 TERR BONITA SF	ENE CT S	TE 200	OF SW FL, LLC US
FEI Number:	65-0570513	FEI Nu	mber Applied For()	FEI Nun	nber Not Appli	cable ()	Certific	ate of Status Desired ()
Name and	Address of C	urrent l	Registered Agent:		Name and	Address o	f New Re	gistered Agent:
	ENE CT. PRINGS, FL 3 named entity s			rpose o	8910 TERR BONITA SF	REEZE MG RENE CT., PRINGS, FL	STE 200 _ 34135 L	OF SW FL, LLC JS registered agent, or both,
SIGNATURE:					03/05/2009			
	Electron	ic Signa	ture of Registered Agen	it				Date
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STD () FINNEGAN, JOH 20095 WOLFEL ESTERO, FL 33	TRAIL			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	PD () VOTAW-OXENE 4156 JACE COU ESTERO, FL 33	JRT	NN		Title: Name: Address: City-St-Zip:	PD OXENDER-1 4156 JACE ESTERO, F	VOTAW, JOA COURT	()Addition ANN
Title: Name: Address: City-St-Zip:	D () RATTELL, EMO 4141 JACE COU ESTERO, FL 33	JRT			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	VPD () JACOBY, STEV 4138 JACE CT ESTERO, FL 33				Title: Name: Address: City-St-Zip:	VD JACOBY, S' 4138 JACE ESTERO, F	TEPHEN A CT	() Addition
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:	D MALUCCIO, 4169 JACE ESTERO, F	JOSEPH COURT	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANN M. OXENDER-VOTAW PRES 03/05/2009