

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000985

FILED
May 03, 2010
Secretary of State

Entity Name: LONGLAKE VILLAGE AT PELICAN LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% GULF BREEZE MGMT SRVS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

% GULF BREEZE MGMT SRVS OF SW FL, LLC
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0507166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIEDNER, RALPH L
%GULF BREEZE MGMT SRVS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT SRVS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: RALPH L. WEIDNER

05/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: DAILEY, CHARLENE
Address: 3464 CEDAR LAKE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD
Name: ZIPPILLI, AMADEO (DAY)
Address: 3325 WILDWOOD LAKE CIR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: PIERSON, JOSEPH
Address: 3460 CEDAR LAKE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: DIXON, EILEEN
Address: 3480 CEDAR LAKE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD
Name: REYNOLDS, JUDY
Address: 3457 LAKE CREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: EILEEN DIXON

PRES

05/03/2010

Electronic Signature of Signing Officer or Director

Date