2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

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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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0507166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIDNER, 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:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SICKEL, CLAIRE
Address: 3476 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: SD
Name: PIERSON, JOSEPH
Address: 3460 CEDAR LAKE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD
Name: STEPANICK, DALE
Address: 3457 LAKE CREST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD
Name: DECKER, MICHAEL
Address: 3453 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: DALE STEPANICK PRES 01/19/2011

Electronic Signature of Signing Officer or Director Date