2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003580

FILED Apr 22, 2011 Secretary of State

Entity Name: VILLAS II OF HIGHLAND WOODS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

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

Current Mailing Address:

New Mailing Address:

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

FEI Number: 65-0770173

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

04/22/2011

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: PD

Name: VAN METER, DONALD
Address: 26014 CLARKSTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: FAIR, MIKE

Address: 26056 CLARKSTON DRIVE City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: THOMSON, ERIC

Address: 26015 CLARKSTON DRIVE City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD

Name: JONES, DAVID L

Address: 26048 CLARKSTON DRIVE City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD

Name: MATTIMORE, PETER
Address: 26039 CLARKSTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: DON VAN METER PRES 04/22/2011