2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90019 011 ****61.25

DOCUMENT # N99000001576

1. Entity Name
VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RESORT MANAGEMENT 2685 HORSESHOE DR S, #215 NAPLES, FL 34104	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S, #215 NAPLES, FL 34104

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Gulf Breeze Management Services of SW FL, LLC	Gulf Breeze Management Services of SW FL, LLC
Suite, Apt. # etc.: 8910 Terrene Court Suite 200	Suite, Apt. # etc.: 8910 Terrene Court Suite 200
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 Country: Lee	Zip: 34135 Country: Lee

4. FEI Number 65-1010152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOLTE, TOM
4224-101 PENSACOLA AVE
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name: Weidner, Ralph L. Gulf Breeze Management Services of SW FL, LLC
Street Address (P.O. Box Number is Not Acceptable): 8910 Terrene Court Suite 200
City: Bonita Springs FL Zip Code: 34135

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: Ralph L Weidner Ralph L. Weidner 1/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NOLTE, TOM 4224-101 PENSACOLA AVENUE ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ABBATTISTA, MARIO 4240 - 202 PENSACOLA AVENUE ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROTH, CHARLES 4234-101 PENSACOLA AVENUE ESTERO, FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Palmer, Audrey 20082 Wolfel Trail Estero, FL 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MANKIN, GRACE 4239 - 202 PENSACOLA AVENUE ESTERO, FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHELLEY, GEORGE 4237 PENSACOLA AVE ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANSKY, BARBARA 4241 PENSACOLA AVE ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☒ Change ☐ 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.

SIGNATURE: George R Shelley GEORGE R. SHELLEY 1/18/06 (239) 948 8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #