


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 026 ****61.25

DOCUMENT # N99000001576					
1. Entity Name VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 8910 TERR CT STE 200 NAPLES, FL 34104			Mailing Address C/O RESORT MANAGEMENT 8910 TERR CT STE 200 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # 8910 Terrene Ct./SW FL, LLC		3. Mailing Address 8910 Terrene Ct./SW FL, LLC		4. FEI Number 65-1010152	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Bonita Springs, FL		City & State Bonita Springs, FL		Applied For Not Applicable	
Zip 34135		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLTE, TOM 8910 TERR CT STE 200 ESTERO, FL 33928			7. Name and Address of New Registered Agent Name <u>Weidner, Ralph L.</u> Gulf Breeze Mgmt. Svcs. of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City <u>Bonita Springs</u> <u>FL</u> <u>34135</u>		
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 <u>Ralph L. Weidner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Weidner, Ralph L.		2/20/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VD NAME NOLTE, TOM STREET ADDRESS 4224-101 PENSACOLA AVENUE CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ABBATTISTA, MARIO STREET ADDRESS 4240 - 202 PENSACOLA AVENUE CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PALMER, AUDREY STREET ADDRESS 20082 WOLFEL TRL CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE S/D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME SHELLEY, GEORGE STREET ADDRESS 4237 PENSACOLA AVE CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME JANSKY, BARBARA STREET ADDRESS 4241 PENSACOLA AVE CITY-ST-ZIP ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE V/D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>George R. Shelley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/17/07 (23) 948 9646 <small>Date Daytime Phone #</small>		