


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90003 014 \*\*\*\*61.25

<b>DOCUMENT # N99000007550</b> 1. Entity Name <b>MONTEROSSO AT MEDITERRA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>GULF BREEZE MGMT SERVICES OF SW FL, LLC</b> <b>8910 TERRENE CT., SUITE 200</b> <b>BONITA SPRINGS, FL 34135 US</b>			Mailing Address <b>GULF BREEZE MGMT SERVICES OF SW FL, LLC</b> <b>8910 TERRENE CT., SUITE 200</b> <b>BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEIDNER, RALPH L</b> <b>GULF BREEZE MGMT SERVICES OF SW FL, LLC</b> <b>8910 TERRENE CT., SUITE 200</b> <b>BONITA SPRINGS, FL 34135</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISSAK, MICHAEL		NAME		
STREET ADDRESS	15508 MANTEROSSO LN. #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, JAMES		NAME		
STREET ADDRESS	15544 MONTEROSSO LAKE, #102		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAME, CHARLES		NAME		
STREET ADDRESS	15512 MONTEROSSO LANE, #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ATKINS, JOHN W		NAME	<i>Godshall, Frank H.</i>	
STREET ADDRESS	15532 MONTEROSSO LANE, #101		STREET ADDRESS	<i>15547 Monterosso Ln. #202</i>	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	<i>Naples, FL 34110</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INNES, JOSEPH J		NAME		
STREET ADDRESS	15513 MONTEROSSO LANE, #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span>3/6/07</span> <span>239-254-9648</span> </div> <small>Date Daytime Phone #</small>		