

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90073 002 ****61.25

DOCUMENT # N99000007550

1. Entity Name
**MONTEROSSO AT MEDITERRA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**GULF BREEZE MGMT SERVICES OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 US**

Mailing Address
**GULF BREEZE MGMT SERVICES OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 US**

40074593



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

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0980294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDNER, RALPH L.
GULF BREEZE MGMT SERVICES OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 WEIDNER**

Signature, typed or printed name of registered agent and title if applicable.

Ralph Weidner

(NOTE: Registered Agent signature required when reinstating)

04-16-2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **PD** ☐ Delete
NAME **LISSAK, MICHAEL**
STREET ADDRESS **15508 MANTEROSSO LN. #201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **FIELDS, JAMES**
STREET ADDRESS **15544 MONTEROSSO LAKE, #102**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **FRAME, CHARLES**
STREET ADDRESS **15512 MONTEROSSO LANE, #201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GJODSHALL, FRANK H**
STREET ADDRESS **15547 MONTERASSO LN 202**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☒ Change ☐ Addition
NAME **Godshall**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **INNES, JOSEPH J**
STREET ADDRESS **15513 MONTEROSSO LANE, #201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Michael Lissack

Michael Lissack

3/4/2008

(239) 254-9648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

vb