

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007593

FILED
Apr 30, 2011
Secretary of State

Entity Name: FOREST PARK MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

New Principal Place of Business:

%GULF BREEZE MGMT SVCS., LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

Current Mailing Address:

%GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

New Mailing Address:

%GULF BREEZE MGMT SVCS., LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 31435

FEI Number: 58-2527772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEIDNER, RALPH L CAM
%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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KACZMAREK, INGRID
Address: 3696 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: TD
Name: FURR, WILLIAM
Address: 3954 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: VD
Name: KELLY, JAMES
Address: 3843 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: SD
Name: PENDOLA, JOHN
Address: 3631 ZION PARK COURT
City-St-Zip: NAPLES, FL 34116

Title: D
Name: EDWARDS, ERIC F
Address: 3962 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

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: INGRID KACZMAREK

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date