

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046842

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** GOLF BREEZE REALTY OF S.W. FLORIDA, INC.

**Current Principal Place of Business:**

1306 SE 46TH LANE UNIT 4  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARY L MONDELLO  
2006 NE 5TH ST  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 65-0922289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONDELLO, MARY L  
1639 CAPE CORAL PARKWAY, SUITE 107  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** MONDELLO, MARY L  
**Address:** 1639 CAPE CORAL PARKWAY, SUITE 107  
**City-St-Zip:** CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARY L. MONDELLO

PRES

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date