

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001099

Entity Name: MILAN NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**

%GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

%GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0995506**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WEIDNER, RALPH LCAM
%GULF BREEZE MGMT. SVCS., INC.
8910 TERRENE CT., STE. 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name TAYLOR, JAY
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title STD
Name SCOTT, WILLIAM
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BISHKO, JOHN A
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title D
Name MIFFLIN, DENISE
Address 8910 TERRENE CT., #200
City-State-Zip: BONITA SPRINGS FL 34135

Title PD
Name DIEHL, WOLFGANG
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BLANCHARD, JOSEPH
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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: WOLFGANG DIEHL

PRESIDENT

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date