

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 16, 2005  
Secretary of State

DOCUMENT# N97000002030

Entity Name: OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIATION, INC.

## Current Principal Place of Business:

AMERICAN PROPERTY MANAGEMENT LLC  
6702 LONE OAK BOUVELVARD  
NAPLES, FL 34109 US

## New Principal Place of Business:

AMERICAN PROPERTY MANAGEMENT LLC  
10621 AIRPOET PULLING RD N SUITE 8  
NAPLES, FL 34109 US

## Current Mailing Address:

AMERICAN PROPERTY MANAGEMENT LLC  
6702 LONE OAK BOULEVARD  
NAPLES, FL 34109 US

## New Mailing Address:

AMERICAN PROPERTY MANAGEMENT LLC  
10621 AIRPORT PULLING RD N SUITE 8  
NAPLES, FL 34109 US

FEI Number: 65-0785766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOLEGUE, KENT  
AMERICAN PROPERTY MANAGEMENT  
6702 LONE OAK BOULEVARD  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

KOLEGUE, KENT  
AMERICAN PROPERTY MANAGEMENT  
10621 AIRPORT PULLING RD N SUITE 8  
NAPLES, FL 34109 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: KENT KOLEGUE

04/16/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEPERI, CHARLES  
Address: 7026 SUGAR MAGNOLIA CR  
City-St-Zip: NAPLES, FL 34109

Title: DS ( ) Delete  
Name: GERDEL, RONALD  
Address: 7117 SUGAR MAGNOLIA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: VD ( ) Delete  
Name: ARCO, STEVE  
Address: 6537 AUTUMN WOODS BOULEVARD  
City-St-Zip: NAPLES, FL 34109

Title: DT ( ) Delete  
Name: DINGERDISSEN, LOU  
Address: 6557 CHESTNUT CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: DP ( ) Delete  
Name: GARCIA, ROBERT  
Address: 7030 SUGAR MAGNOLIA CIRCLE  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT KOLEGUE

MA

04/16/2005

Electronic Signature of Signing Officer or Director

Date