

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2011  
Secretary of State**

DOCUMENT# N97000002030

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

**Current Principal Place of Business:**

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0785766      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOEDE & ADAMCZYK, PLLC  
8950 FONTANA DEL SOL WAY S.  
NAPLES, FL 34109 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DINAN, THOMAS  
Address: 7058 SUGAR MAGNOLIA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: GAITLIN, CLYDE  
Address: 6464 AUTUMN WOODS BLVD  
City-St-Zip: NAPLES, FL 34109

Title: T  
Name: BURTON, DAVID  
Address: 6984 BURNT SIENNA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: S  
Name: HANSEN, MAX  
Address: 6573 CHESTNUT CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: BROWN, JAMES  
Address: 6526 AUTUMN WOODS BLVD.  
City-St-Zip: NAPLES, FL 34109

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: MARK HUMPHREY

CFO

04/29/2011

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

\_\_\_\_\_  
Date