

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002030

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC1011982802**

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

**Current Principal Place of Business:**

C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
NAPLES, FL 34103 US

**FEI Number: 65-0785766**

**Certificate of Status Desired: No**

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

GOEDE & ADAMCZYK, PLLC  
8950 FONTANA DEL SOL WAY S.  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BROWN, JIM  
Address C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title VP  
Name GATLIN, CLYDE  
Address C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name HANSEN, MAX  
Address C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name BURKE, DAVID  
Address C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name GERDAL, LIN  
Address C/O COMPASS GROUP  
4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

*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: JIM BROWN**

**PRESIDENT**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date