

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 004 ****70.00

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1. Entity Name

MAHOGANY BEND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**21045 COMMERCIAL TERRACE
BOCA RATON FL 33486**

Mailing Address

**21045 COMMERCIAL TERRACE
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2444302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRIAL
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME GEORGE, GOODMAN ☒ Delete
STREET ADDRESS 7387 MAHOGANY BEND CT
CITY-ST-ZIP BOCA RATON FL

TITLE TD
NAME WITT, GERRY ☐ Delete
STREET ADDRESS 7405 MAHOGANY BEND PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D
NAME GOLDMAN, PETER ☐ Delete
STREET ADDRESS 7339 MANOGADY BEND CT.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE PD
NAME POLLOCK, PETER ☐ Delete
STREET ADDRESS 7420 MAHOGANY BEND PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D
NAME OPPER, JUDITH ☒ Delete
STREET ADDRESS 7451 MAHOGANY BEND CT
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIENER, STEVE** ☐ Change ☒ Addition
NAME
STREET ADDRESS **7435 MAHOGANY BEND CT**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **WEISENBERG, STUART**
STREET ADDRESS **7324 MAHOGANY BEND CT**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 **487-2060**