

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90089 001 \*\*\*\*61.25

<b>DOCUMENT # N01000004133</b>					
<b>1. Entity Name</b> <b>MAHOGANY COVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 8910 TERENE CT STE 200 BONITA SPRINGS, FL 34135			<b>Mailing Address</b> 8910 TERENE CT STE 200 BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business - No P.O. Box #</b> Gulf Breeze Mgmt. Svcs. of Terrene SW FL, LLC		<b>3. Mailing Address</b> Gulf Breeze Mgmt. Svcs. of Terrene SW FL, LLC			
<b>City &amp; State</b> City: _____ State: _____		<b>City &amp; State</b> City: _____ State: _____		<b>4. FEI Number</b> 59-3723480	
<b>Zip</b> _____		<b>Country</b> _____		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WEIDNER, RALPH L 8910 TERENE CT STE 200 BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): Gulf Breeze Mgmt. Svcs. of SW FL, LLC City: _____ State: FL Zip Code: _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD	<b>NAME</b> UNGER, TIM		<b>TITLE</b> T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9018 FALLING LEAF DR	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> D'ALONZO, THOMAS		<b>TITLE</b> V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9048 FALLING LEAF DR	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> PD	<b>NAME</b> BYRD, BENJAMIN		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9065 FALLING LEAF DRIVE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> V/D	<b>NAME</b> COOPER, LYNN R		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9084 FALLING LEAF DRIVE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> LUM, HARRY W		<b>TITLE</b> S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9083 FALLING LEAF DRIVE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135		<b>STREET ADDRESS</b> Espinoza, Har Lee	<b>CITY-ST-ZIP</b> 9102 Falling Leaf Drive Bonita Springs, FL 34135	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b>			<b>2/12/07 (234) 498-2209</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		