


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 048 ****61.25

DOCUMENT # N01000004133	
1. Entity Name MAHOGANY COVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8910 TERE NE CT STE 200 GULF BREEZE MGMT. SVCS. OF SW FL., LLC BONITA SPRINGS, FL 34135	Mailing Address 8910 TERE NE CT STE 200 GULF BREEZE MGMT. SVCS. OF SW FL., LLC BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box # Terrene	3. Mailing Address Terrene
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40056011



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3723480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERE NE CT STE 200 BONITA SPRINGS, FL 34135	7. Name and Address of New Registered Agent Name Weidner, Ralph L. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **Weidner, Ralph L.** *Ralph Weidner* **2/11/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UNGER, TIM <input checked="" type="checkbox"/> Delete 9018 FALLING LEAF DR BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Flaig, Scott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9072 Falling Leaf Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete D'ALONZO, THOMAS 9048 FALLING LEAF DR BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D (2nd V) Reid, Ruth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9090 Falling Leaf Drive Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BYRD, BENJAMIN 9065 FALLING LEAF DRIVE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Delete COOPER, LYNN R 9084 FALLING LEAF DRIVE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D (1st V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ESPINOZA, HAR LEE 9102 FALLING LEAF DR. BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D (Asst. T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *B. C. Byrd* **Benjamin Byrd** **2/15/08** **239-448-2204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **VD**