2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# N01000004133

Entity Name: MAHOGANY COVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZR MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

%GULF BREEZR MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135

FEI Number: 59-3723480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 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: STD
Name: FLAIG, SCOTT
Address: 9072 FALLING LEAF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: GAGNON, ANDRE
Address: 9107 FALLING LEAF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD
Name: CHAMBERLIN, JAMES L
Address: 9115 FALLING LEAF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD
Name: COOPER, LYNN R
Address: 9084 FALLING LEAF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: ESPINOZA, HAR LEE
Address: 9102 FALLING LEAF DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: JAMES L. CHAMBERLIN PRES 05/03/2010
Electronic Signature of Signing Officer or Director — Date