2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90095 013 ****61.25

DOCUMENT # N05473

1. Entity Name

MAHOGANY BEND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
98 WYNDEMERE WAY NAPLES FL 34105 US	98 WYNDEMERE WAY NAPLES FL 34105 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2137706 ☐ 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
FAUSNIGHT, MARY JO 98 WYNDEMERE WAY NAPLES FL 34105	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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GAZDIC, JAN 134 EDGEMERE WAY S NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WHITBECK, WILLIAM 142 EDGEMERE WAY S NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURVITZ, ALEX 143 EDGEMERE WAY SOUTH NAPLES, FL 34105	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DUNCAN, MARTIN 162 EDGEMERE WAY S NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERBACH, THOMAS 102 EDGEMERE WAY S NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, BILL 8 BRAMBLEWOOD POINT NAPLES, FL 34105	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TRELBER, BURT 185 EDGEMERE WAY S NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, BILL 22 BRAMBLEWOOD PT NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P	XX Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William H. Hughes WILLIAM H. HUGHES 3/14/02 941-263-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #