

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05473

FILED
Apr 07, 2004
Secretary of State

Entity Name: MAHOGANY BEND ASSOCIATION, INC.

Current Principal Place of Business:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2137706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES, FL 34105 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: DT () Delete
Name: GAZDIC, JAN
Address: 134 EDGEEMERE WAY S
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: HURVITZ, ALEX
Address: 143 EDGEEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: WILLIAMS, MARY
Address: 110 EDGEEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105

Title: DP () Delete
Name: WILLIAMS, BILL
Address: 8 BRAMBLEWOOD POINT
City-St-Zip: NAPLES, FL 34105

Title: DV () Delete
Name: ERBACH, THOMAS
Address: 102 EDGEEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HIELSCHER, JEAN
Address: 156 EDGEEMERE WAY S
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEAN HIELSCHER

DT

04/07/2004

Electronic Signature of Signing Officer or Director

Date