2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N05473

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: TD ( ) Delete
Name: WHITBECK, WILLIAM
Address: 142 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

Title: D ( ) Delete
Name: CONFOY, WILLIAM
Address: 130 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

Title: VD ( ) Delete
Name: HALL, WILLIAM
Address: 104 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

Title: PD ( ) Delete
Name: HOCHSCHILD, JOAN
Address: 22 BRAMBLEWOOD POINT
City-St-Zip: NAPLES, FL 34105 US

Title: SD ( ) Delete
Name: SPROHA, JOHN
Address: 158 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

Title: D ( ) Delete
Name: ABRAHAM, ROBERT
Address: 6 BRAMBLEWOOD POINT
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DIAZ, ARTURO
Address: 167 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

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: SD (X) Change ( ) Addition
Name: UPCHURCH, JANE
Address: 126 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOAN HOCHSCHILD PD 03/26/2009

Electronic Signature of Signing Officer or Director — Date