2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
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:

OLIVEIRA, ROBERT J EX DIR
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
Name: DIAZ, ARTURO
Address: 167 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

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

Title: SD
Name: HALL, WILLIAM
Address: 104 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

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

Title: VD
Name: WAHL, RONNY
Address: 156 EDGEMERE WAY SOUTH
City-St-Zip: NAPLES, FL 34105 US

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

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: JOAN HOCHSCHILD PD 04/13/2012

Electronic Signature of Signing Officer or Director — Date