

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90277 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002030
 1. Corporation Name
Oak Hollow & Mahogany Run
Neighborhood Association, Inc.

Principal Place of Business Mailing Address
C/O Gulf Breeze Management Services, Inc.
27725 Old 41, Suite 206
Bonita Springs, Florida 34135

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 <u>SAME</u>	<u>April 9, 1999</u>
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 City & State	<u>65-0785766</u>
24 Country	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <u>Estelle K. Maurer</u>
	82 Street Address (P.O. Box Number is Not Acceptable) <u>C/O Gulf Breeze Management Services</u>
	83 <u>27725 Old 41, Suite 206</u>
	84 City <u>Bonita Springs</u> FL 85 Zip Code <u>34135</u>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<u>President</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>Diana Unsinn</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>5801 Pelican Bay Blvd., Ste. 600</u>
			<u>Naples, FL 34108</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<u>S/T</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>Maria Class</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>5801 Pelican Bay Blvd., Ste. 600</u>
			<u>Naples, FL 34108</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<u>D/VP</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>Tim Scarsella</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>5801 Pelican Bay Blvd. STE 600</u>
			<u>Naples, FL 34108</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DIANA M. UNSINN 4-15-99 941-598-4145