

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90153 021 ****61.25

DOCUMENT # N97000002030

1. Entity Name

OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIA

Principal Place of Business

Mailing Address

C/O GULF BREEZE MGMT SERVICES. INC
 27725 OLD 41. STE 206
 BONITA SPRINGS FL 34135
 US

C/O GULF BREEZE MGMT SERVICES. INC
 27725 OLD 41. STE 206
 BONITA SPRINGS FL 34135-5679
 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

4. FEI Number

65-0785766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

34135-5679

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURER, ESTELLE K
C/O GULF BREEZE MGMT SERVICES
27725 OLD 41 STE 206
BONITA SPRINGS FL 34135

Name **Estelle K. Maurer**
Gulf Breeze Management Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
34135-5679

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 Delete
 NAME **PD**
UNSINN, DIANA
 STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
SCARSELLA, TIMOTHY
 STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
CLASS, MARIA
 STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 _____

SIGNATURES REQUIRED Diana Unsinn

2/28/2000

(941) 598-4145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)