

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002030

1. Entity Name

OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIA

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

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

Principal Place of Business C/O GULF BREEZE MGMT SERVICES. INC 27725 OLD 41. STE 206 BONITA SPRINGS FL 34135 US	Mailing Address C/O GULF BREEZE MGMT SERVICES. INC 27725 OLD 41. STE 206 BONITA SPRINGS FL 34135-5679 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 34135-5679	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0785766</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>UNSINN, DIANA</b> <b>5801 PELICAN BAY BLVD STE 600</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>SCARSELLA, TIMOTHY</b> <b>5801 PELICAN BAY BLVD STE 600</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CLASS, MARIA</b> <b>5801 PELICAN BAY BLVD STE 600</b> <b>NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* **SIGNATURE REQUIRED** Diana Unsinn

2/28/2000

(941) 598-4145

Date

Daytime Phone #

CR2E037 (9/99)