

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90013 046 \*\*\*\*61.25

UJ 3433

**DOCUMENT # N97000002030**

1. Entity Name

**OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIA**

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.  
**Suite 104**

City & State

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 104**

City & State

4. FEI Number **65-0785766**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 104**  
 City **FL** Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D	Halloran, Daniel J.	5801 Pelican Bay Blvd., Suite 600	Naples, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Daniel J. Halloran*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

(941) 598-4145

Daytime Phone #

CR2E037 (10/00)