

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90013 046 ****61.25

UJ 3439

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

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 104

City & State

3. Mailing Address

Suite, Apt. #, etc.
Suite 104

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0785766

Applied For

Not Applicable

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

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Halloran, Daniel J.**
 STREET ADDRESS **5801 Pelican Bay Blvd., Suite 600**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **DVP** ☐ Delete
 NAME **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 **ST** ☐ Delete
 NAME **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
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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:

Daniel J. Halloran

3/19/01

(941) 598-4145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)