

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 023 ****61.25

DOCUMENT # N97000002030

1. Entity Name
OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIATION,
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Gulf Breeze Management

3. Mailing Address
27725 Old 41

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

City & State
Bonita Springs, FL

City & State
Bonita Sprngs, FL

34135 Country Lee

Zip 34135 Country Lee

4. FEI Number
65-0785766

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Estelle Shipp

Street Address (P.O. Box Number is Not Acceptable)
Gulf Breeze Management, Inc
27725 Old 41 Suite 104

City Bonita Springs FL Zip Code 34135

**DO NOT WRITE
IN THIS SPACE**

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.

Estelle Shipp

04/15/02

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 P/D
STREET ADDRESS
DEPERI, CHARLES
CITY-ST-ZIP
7026 SUGAR MAGNOLIA CR

NAPLES, FL

TITLE
NAME V/D
STREET ADDRESS
GALLMAN, WILLIAM JR
CITY-ST-ZIP
6561 CHESTNUT CR

NAPLES, FL

TITLE
NAME S/T/D
STREET ADDRESS
GRAY, RANDALL
CITY-ST-ZIP
6391 OLD MAHOGANY CT

NAPLES, FL

TITLE
NAME D
STREET ADDRESS
SOLIS, MANUEL
CITY-ST-ZIP
6992 BURNT SIENNA CR

NAPLES, FL

TITLE
NAME D
STREET ADDRESS
BEJSOVEC, EMIL
CITY-ST-ZIP
6362 OLD MAHOGANY CT

NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Charles Deperi

04/15/02

(239) 59 3-5974

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)