

**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

008034

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 Springs, FL

4. FEI Number
65-0785766

Applied For
Not Applicable

34135 Country Lee

Zip 34135 Country Lee

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

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**DO NOT WRITE
IN THIS SPACE**

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

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE 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 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)