


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90022 028 ****61.25

DOCUMENT # N9700002030

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



Principal Place of Business
AMERICAN PROPERTY MANAGEMENT LLC
10621 AIRPOET PULLING RD N SUITE 8
NAPLES, FL 34109 US

Mailing Address
AMERICAN PROPERTY MANAGEMENT LLC
10621 AIRPORT PULLING RD N SUITE 8
NAPLES, FL 34109 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4003100



02252006 Chg-NP CR2E037 (11/05)

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
~~KOLEGUE, KENT~~
AMERICAN PROPERTY MANAGEMENT
10621 AIRPORT PULLING RD N SUITE 8
NAPLES, FL 34109

7. Name and Address of New Registered Agent
 Name **Robert P. Titus**
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert P. Titus** (NOTE: Registered Agent signature required when reinstating) DATE **3/20/06**

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEPERI, CHARLES	
STREET ADDRESS	7026 SUGAR MAGNOLIA CR	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GERDEL, RONALD	
STREET ADDRESS	7117 SUGAR MAGNOLIA CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARCO, STEVE	
STREET ADDRESS	6537 AUTUMN WOODS BOULEVARD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DINGERDISSEN, LOU	
STREET ADDRESS	6557 CHESTNUT CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	7030 SUGAR MAGNOLIA CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Crouch	
STREET ADDRESS	1118 Sugar Magnolia Circle	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Ding	
STREET ADDRESS	7121 Timberland Circle	
CITY-ST-ZIP	Naples Florida 34109	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daryl Silvers	
STREET ADDRESS	7063 Sugar Magnolia Cir.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Managing Agent** DATE: **3/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #