
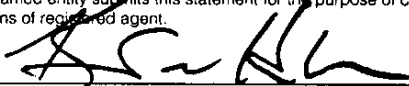



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90094 048 \*\*\*\*61.25

<b>DOCUMENT # N97000002030</b> 1. Entity Name OAK HOLLOW AND MAHOGANY RUN NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE. 206 NAPLES, FL 34103 US		Mailing Address SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
City Country		01282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0785766		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name <b>HAYDEN, KEN</b> Street / P.O. Box Number (if Not Acceptable) 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 City 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 		DATE <b>4-11-08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONOFRIO, JAN 6756 SOUTHERN OAK CT. NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERDEL, RONALD 7117 SUGAR MAGNOLIA CIRCLE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DINGERDISSEN, LOU 6557 CHESTNUT CIRCLE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE <b>S/IT</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERS, DARYL 7063 SUGAR MAGNOLIA CIR NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE <b>PM</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Dinan 7058 Sugar Magnolia Cir Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clyde Gattin 64104 Autumn Woods Blvd Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Noonan 6551 Mangrove Way Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Williams 7025 Sugar Magnolia Cir Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlie Deperi 7022 Sugar Magnolia Cir Naples FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Hayden 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions of Chapter 617, Florida Statutes; 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 all other like empowered.			
SIGNATURE: 		DATE: <b>4-11-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	