

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90517 036 \*\*\*\*61.25

**DOCUMENT # N97000002030**



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

Principal Place of Business  
**GULF BREEZE MANAGEMENT  
27725 OLD 41. STE 104  
BONITA SPRINGS FL 34135  
US**

Mailing Address  
**GULF BREEZE MANAGEMENT  
27725 OLD 41. STE 104  
BONITA SPRINGS FL 34135  
US**

**11017850**



2. Principal Place of Business **Gulf Breeze Management Services of SW FL, LLC** 3. Mailing Address **Gulf Breeze Management Services of SW FL, LLC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0785766**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

**SHIPP, ESTELLE  
GULF BREEZE MANAGEMENT  
27725 OLD 41 STE 104  
BONITA SPRINGS FL 34135**

Name **Weidner, Ralph L.**  
**Gulf Breeze Management Services of SW FL, LLC**  
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 *Ralph L. Weidner*

Ralph L. Weidner

4/24/03

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>DEPERI, CHARLES</b><br><b>7026 SUGAR MAGNOLIA CR</b><br><b>NAPLES FL</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>GALLMAN, WILLIAM JR</b><br><b>6561 CHESTNUT CR</b><br><b>NAPLES FL</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>GRAY, RANDALL</b><br><b>6391 OLD MAHOGANY CT</b><br><b>NAPLES FL</b>    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SOLIS, MANUEL</b><br><b>6992 BURNT SIENNA CR</b><br><b>NAPLES FL</b>      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BEJSOVEC, EMIL</b><br><b>6362 OLD MAHOGANY CT</b><br><b>NAPLES FL</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S/T/D</b><br><b>Burton, Janet L.</b><br><b>6984 Burnt Sienna Circle</b><br><b>Naples, FL 34109</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V/D</b><br><br><br><b>34109</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Emil T. Bejsovec* **Emil T. Bejsovec** 2/15/03 (239) 593-5974

CR2E037 (10/02)