

FILE NOW: FILING FEE IS \$61.25

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May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005328  
1. Corporation Name  
Mahogany Ridge Neighborhood Association, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified  
September 18, 1997

4. FEI Number 59-3497504  
Applied For Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 1044 Castello Dr. 26 1044 Castello Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 #206 27 #206  
City & State City & State

23 Naples, FL 28 Naples, FL  
Zip Zip Country Country

24 34103 25 U.S. 29 34103 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Southwest Property Management Corp.  
82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Dr. #206  
83  
84 City Naples FL 85 Zip Code 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/29/98

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 1.2 NAME           | Rubinton, Jon   |
| 1.3 STREET ADDRESS | 26210 Mira Way  |
| 1.4 CITY-ST-ZIP    | Bonita Springs, FL 34134  |
| 2.1 TITLE          | S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Rubinton, George  |
| 2.3 STREET ADDRESS | 26210 Mira Way  |
| 2.4 CITY-ST-ZIP    | Bonita Springs, FL 34134  |
| 3.1 TITLE          | D <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 3.2 NAME           | Planting, Bonnie S.   |
| 3.3 STREET ADDRESS | 26210 Mira Way  |
| 3.4 CITY-ST-ZIP    | Bonita Springs, FL 34134  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE 4/29/98 DAYTIME PHONE # 1-941-947-7888

CR2E037 (10/97)