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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000005328

1. Corporation Name
MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 1044 CASTELLO DRIVE #206 NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DRIVE #206 NAPLES FL 34103 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/18/1997
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3497504
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
#206
NAPLES FL 34103

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINTON, JON	1.2 NAME	
STREET ADDRESS	20210 MIRA WAY	1.3 STREET ADDRESS	260445 Brick Lane
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINTON, GEORGE	2.2 NAME	
STREET ADDRESS	20210 MIRA WAY	2.3 STREET ADDRESS	260445 Brick Lane
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTING, BONNIE S	3.2 NAME	
STREET ADDRESS	20210 MIRA WAY	3.3 STREET ADDRESS	260445 Brick Lane
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Katherine Harris** 4/11/99 1.941.947.7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062955

CR2E037-(11/98)