


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90009 033 ****61.25

DOCUMENT # N97000005328

1. Entity Name
MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business C/O GULF BREEZE MGMT, LLC 27725 OLD 41, #104 BONITA SPRINGS, FL 34135 US	Mailing Address C/O GULF BREEZE MGMT, LLC 27725 OLD 41, #104 BONITA SPRINGS, FL 34135 US
--	--



01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State	3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State
--	--

4. FEI Number 59-3497504	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

WEIDNER, RALPH
C/O GULF BREEZE MGMT
27725 OLD 41 #104
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court
Suite 200
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

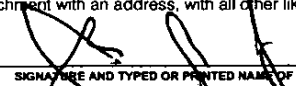
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HÉCK, LARRY <input checked="" type="checkbox"/> Delete 26349 MAHOGANY POINTE COURT BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLUSKEN, TOM <input checked="" type="checkbox"/> Delete 26348 MAHOGANY POINTE COURT BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAZWA, JOHN <input type="checkbox"/> Delete 26342 MAHOGANY POINTE CT. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Mason, Chris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26384 Mahogany Pointe Court Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Stohler, Gene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26325 Mahogany Pointe Court Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:  **John Jazwa** **3/16/06** **(239) 947-1568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Vb