


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

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90049 029 \*\*\*\*61.25

<b>DOCUMENT # N97000005328</b>					
<b>1. Entity Name</b> MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8910 TERRENE CRT STE 200 BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> 8910 TERRENE CRT STE 200 BONITA SPRINGS, FL 34135 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Gulf Breeze Mgmt. Svcs. of SW FL, LLC		<b>3. Mailing Address</b> Gulf Breeze Mgmt. Svcs. of SW FL, LLC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 59-3497504	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEIDNER, RALPH 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) City		
			Gulf Breeze Mgmt. Svcs. of SW FL, LLC		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <input type="checkbox"/> Delete <b>NAME</b> MASON, CHRIS <b>STREET ADDRESS</b> 26384 MAHOGANY POINTE CRT <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	<b>TITLE</b> P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<b>NAME</b> VOGEL, DAVE <b>STREET ADDRESS</b> 26372 Mahogany Pointe Court <b>CITY-ST-ZIP</b> Bonita Springs, FL 34134		
<b>TITLE</b> VD <input type="checkbox"/> Delete <b>NAME</b> STOHLER, GENE <b>STREET ADDRESS</b> 26325 MAHOGANY POINTE CRT <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	<b>TITLE</b> S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> -PD <input checked="" type="checkbox"/> Delete <b>NAME</b> JAZWA, JOHN <b>STREET ADDRESS</b> 26342 MAHOGANY POINTE CT. <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Christyn Mason</i>		Christyn Mason		3/24/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> (239) 992-6179	

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