

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005328

FILED
Apr 21, 2009
Secretary of State

Entity Name: MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, STE. 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, STE. 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 59-3497504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH
C/O GULF BREEZE MGMT SVCS OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., STE. 200
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: _____ Date: 04/21/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, CHRIS
Address: 26384 MAHOGANY POINTE CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: STOHLER, GENE
Address: 26325 MAHOGANY POINTE CRT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: VOGEL, DAVE
Address: 26372 MAHOGANY POINTE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASON, CHRIS
Address: 26384 MAHOGANY POINTE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD (X) Change () Addition
Name: ARNALL, PATRICK J
Address: 26373 MAHOGANY POINTE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS MASON PRES 04/21/2009
Electronic Signature of Signing Officer or Director Date