

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005328

FILED  
May 02, 2012  
Secretary of State

**Entity Name:** MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: HEERINGA, DON  
Address: 8910 TERRENE COURT, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: ARNALL, PATRICK J  
Address: 8910 TERRENE COURT, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD  
Name: GUTTERSON, SCOTT  
Address: 8910 TERRENE COURT, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: PATRICK ARNALL

PRES

05/02/2012

Electronic Signature of Signing Officer or Director

Date