

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90321 047 ****61.25

0053096

DOCUMENT # N97000005328
1. Entity Name
MAHOGANY RIDGE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
1044 CASTELLO DRIVE #206 NAPLES FL 34103 US %Gulf Breeze Management Services of SW FL, LLC

2. Principal Place of Business Mailing Address
27725 Old 41 SW FL, LLC %Gulf Breeze Management Services of SW FL, LLC
Suite, Apt. #, etc. **104**



CHECK HERE IF MAKING CHANGES

City & State **Bonita Springs, FL** Zip **34135** Country **USA**

4. FEI Number **59-3497504** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
Name **Ralph Weidner - Gulf Breeze Mgmt.**
Street Address (P.O. Box Number is Not Acceptable) **27725 Old 41 #104**
City **Bonita Springs FL** Zip Code **34135**

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 Ralph L. Weidner **Ralph L. Weidner** DATE Apr 10, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	PD HECK, LARRY 26349 MAHOGANY POINTE COURT BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUSKEN, TOM 26348 MAHOGANY POINTE COURT BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAZWA, JOHN 26342 MAHOGANY POINTE CT. BONITA SPRINGS FL 34134 <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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/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 exemption stated in Section 119.07(3)(i), 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: SIGATURE ATTACHED **4/18/03** (239) 390-2666
Signature and typed or printed name of signing officer or director

CR2E037 (10/02)