

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N36612

1. Entity Name
MACLEAN HILLS OWNERS ASSOCIATION, INC.



Principal Place of Business
**7816 MACLEAN RD
TALLAHASSEE, FL 32312 US**

Mailing Address
**7816 MACLEAN RD
TALLAHASSEE, FL 32312 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3154935

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, KIM
7816 MACLEAN RD
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HATFIELD, JIM
7788 MACLEAN RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DRITT, JAMES
7809 MACLEAN RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JOHNSON, KIM
7816 MACLEAN RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000378406
01/09/06-80004-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Jan 2006

Date

894.5706

Daytime Phone #