

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003423

Entity Name: MACKY BLUFFS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8800 UNIVERSITY PKWY
SUITE B3
PENSACOLA, FL 32524**Current Mailing Address:**P.O. BOX 11461
PENSACOLA, FL 32524 US**FEI Number:** 59-3714767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATION MANAGEMENT GROUP OF WEST FLORIDA, INC.
8800 UNIVERSITY PKWY
SUITE B3
PENSACOLA, FL 32524 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JOHNSTON, PAUL
Address	P.O. BOX 11461
City-State-Zip:	PENSACOLA FL 32524

Title	TREASURER
Name	MILO, MICHAEL
Address	P.O. BOX 11461
City-State-Zip:	PENSACOLA FL 32524

Title	DIRECTOR
Name	BURKHART, JENNIFER
Address	P.O. BOX 11461
City-State-Zip:	PENSACOLA FL 32524

Title	MANAGING AGENT
Name	BAISDEN, MARY
Address	P.O. BOX 11461
City-State-Zip:	PENSACOLA FL 32524

Title	DIRECTOR
Name	LINN, MARK
Address	P.O. BOX 11461
City-State-Zip:	PENSACOLA FL 32524

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: MARY BAISDEN

MANAGING AGENT

03/03/2021

Electronic Signature of Signing Officer/Director Detail_____
Date