

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752432

FILED
Apr 24, 2008
Secretary of State

Entity Name: MICANOPY HAMMOCK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 301
MICANOPY, FL 326670301

New Principal Place of Business:

17414 SW 3RD STREET
MICANOPY, FL 32667

Current Mailing Address:

POST OFFICE BOX 301
MICANOPY, FL 326670301

New Mailing Address:

POST OFFICE BOX 301
MICANOPY, FL 32667

FEI Number: 59-3168882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLAUM, TOM
17306 SW 10TH TERRACE
MICANOPY, FL 32667 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: P () Delete
Name: STEVENSON, SARA
Address: 17613 SW 3RD ST
City-St-Zip: MICANOPY, FL 32667

Title: V () Delete
Name: MCCracken, DAVID
Address: 718 SW 179TH AVE.
City-St-Zip: MICANOPY, FL 32667

Title: T () Delete
Name: STALEY, TOM
Address: 104 BESTAULKEE ST
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: BAIRD, FAY
Address: 104 BESTAULKEE ST
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: TYSON, TY
Address: 17100 SW 10TH TERRACE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELCUORE, THOMAS
Address: 17414 SW 3RD STREET
City-St-Zip: MICANOPY, FL 32667

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

Title: T (X) Change () Addition
Name: STALEY, TOM
Address: 502 SW 179TH AVENUE
City-St-Zip: MICANOPY, FL 32667

Title: S (X) Change () Addition
Name: BAIRD, FAY
Address: 502 SW 179TH AVENUE
City-St-Zip: MICANOPY, FL 32667

Title: D (X) Change () Addition
Name: DOLAN, LAURIE
Address: 17401 SW 3RD STREET
City-St-Zip: MICANOPY, FL 32667

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: THOMAS H. STALEY, TREASURER OF MHOA

T

04/24/2008

Electronic Signature of Signing Officer or Director

Date