2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# 762723

Entity Name: MCCLELLAN PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2105 MIETAW DR
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2105 MIETAW DR
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 51-0189824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALLIWELL, JOAN
2105 MIETAN DR.
SARASOTA, FL 34239 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:	PD	( ) Delete
Name:	HALLIWELL, JOAN	
Address:	2105 MIETAW DR.	
City-St-Zip:	SARASOTA, FL 34239	
Title:	VD	( ) Delete
Name:	DICKINSON, GREGORY T	
Address:	2015 YAMAW DR	
City-St-Zip:	SARASOTA, FL 34239	
Title:	SD	( ) Delete
Name:	PALMER, CHRIS C	
Address:	2159 SIOUX DR.	
City-St-Zip:	SARASOTA, FL 34239	
Title:	STD	( ) Delete
Name:	ROBERTSON, PATRICIA	
Address:	2115 MIETAW DR	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOAN HALLIWELL PD 05/07/2009

Electronic Signature of Signing Officer or Director — Date