


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 004 ****61.25

DOCUMENT # N00000003423					
1. Entity Name MACKY BLUFFS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ETHERIDGE PROP. MGMT 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3714767	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, KEVIN R ETHERIDGE PROPERTY MGMT 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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 SEYMOUR, DAVID <input type="checkbox"/> Delete 4058 CURLEW DRIVE PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KEN <input type="checkbox"/> Delete 5072 AVOCET LN PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMMONS, LONNIE L <input type="checkbox"/> Delete 3000 LANGLEY AVE. STE 302 PENSACOLA, FL 32504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, BART <input type="checkbox"/> Delete 5041 AVOCET LANE PENSACOLA, FL 32514				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABRATO, RONNIE <input type="checkbox"/> Delete 5033 AVOCET LANE PENSACOLA, FL 32514				
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	<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				
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 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 like empowered.					
SIGNATURE: _____					
Date: 4-26-07 Daytime Phone #: 850-434-3585					