

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 044 ****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 # Suite, Apt. #, etc. 908 Gardengate Circle		3. Mailing Address Suite, Apt. #, etc. 908 Gardengate Circle	
City & State Pensacola, Florida		City & State Pensacola Florida	
Zip 32504		Zip 32504	
Country 		Country 	
4. FEI Number 59-3714767		Applied For <input type="checkbox"/> Not Applicable	
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) 908 Gardengate Circle City Pensacola FL Zip Code 32504	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> April 22, 2008 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEYMOUR, DAVID 4058 CURLEW DRIVE PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KEN 5072 AVOCET LN PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMMONS, LONNIE L 3000 LANGLEY AVE. STE 302 PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill Hansen 5069 Avocet Lane Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, BART 5041 AVOCET LANE PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Art Krzeminski 4069 Curlew Dr, Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABRATO, RONNIE 5033 AVOCET LANE PENSACOLA, FL 32514	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"/> Delete	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 22, 2008 <small>Date Daytime Phone #</small>	