2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006333

Apr 27, 2009 Secretary of State

Entity Name: MABRY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2921 ROBERTS AVE. TALLAHASSEE, FL 32310

Current Mailing Address: New Mailing Address:

2921 ROBERTS AVE TALLAHASSEE, FL 32310

FEI Number: 59-2252756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH THOMPSON SHAW MANAUSA P.A. 3520 THOMASVILLE RD. 400 TALLAHASSEE, FL 32309 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition BASS, EDWARD N Name: JOHNSON, IVAN Name: 805 N. GADSEN Address: 930 THOMASVILLE ROAD, SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: (X) Change () Addition SWEENEY, WILLIAM Name: VARN, CRAIG Name:

Address: 3114 ORTEGA DR. Address: 101N. MONROE ST., SUITE 1090 City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TRES Title: **TRES** (X) Change () Addition () Delete INZER, BOB MEDINA, JOHN Name: Name:

Address: 613 FOREST LAKE Address: P.O. BOX 680 City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: MIDWAY, FL 32343 US

Title: SEC () Delete Title: SEC (X) Change () Addition CHUMBLER, MARTHA RICE, PATI Name: Name:

60HICKAT TRAIL C Address: Address: 215 S. MONROE ST., SUITE 500 City-St-Zip: WAKULLA, FL 32327 US City-St-Zip: TALLAHASSEE, FL 32301 US

Title: () Delete Title: () Change () Addition

TURKLE, TYLER Name: Name: 1511 MARION AVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 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: TYLER TURKLE **EXEC** 04/27/2009