2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

	ANNUAL	REPURI				CC++
DOCUMENT # N0100007949 1. Entity Name MCINTOSH LAKES OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.					- Se	cretary of Stat
P.O. BOX 27	ce of Business	Mailing Address P.O. BOX 2761 BRANDON, FL 33509-2761	·	! 		31 30 1 000 5100 5300 5300 5000 0500
r	OO NOT WRITE	IN THIS SDA	^E		No Chg-NP	CR2E037 (10/03)
£	O NOT WHILE	IN THIS SPA	CE	4. FEI Numbe 73-1722 5. Certificate		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KELLEY, CARL E 13304 WALDEN SHEFFIELD ROAD DOVER, FL 33527				-	NOT W	
8. The above the obligate SIGNATURE.	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and		ad office or register		h, in the State of Flor	ida. I am familiar with, and accept
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DEP P CHERRY, GENE 2610 GALLAGHER ROAD DOVER, FL 33527	ECTORS			U000000	256960 80035-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIPP, RON 502 SANDY CREEK DRIVE BRANDON, FL 33511					
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	ST KELLEY, CARL E 13304 WALDEN SHEFFIELD ROAD DOVER, FL 33527	· - · · · · · · · · · · · · · · · · · ·			NOT W THIS SP	
CITY - ST - ZIP						——————————————————————————————————————

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth; 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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

(813) 684-8789