


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007949</b>																																										
1. Entity Name MCINTOSH LAKES OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.																																										
Principal Place of Business P.O. BOX 2761 BRANDON, FL 33509-2761	Mailing Address P.O. BOX 2761 BRANDON, FL 33509-2761																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  KELLEY, CARL E 13304 WALDEN SHEFFIELD ROAD DOVER, FL 33527		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 <u>Carl E. Kelley</u> <u>CARL E. KELLEY</u> <u>1-9-06</u> <small>Signature, typed or printed name of registered agent and entity applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000423700 02/18/06-80010-011 61.25																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>CHERRY, GENE</td></tr><tr><td>STREET ADDRESS</td><td>2610 GALLAGHER ROAD</td></tr><tr><td>CITY - ST - ZIP</td><td>DOVER, FL 33527</td></tr><tr><td>TITLE</td><td>VP</td></tr><tr><td>NAME</td><td>SHIPP, RON</td></tr><tr><td>STREET ADDRESS</td><td>502 SANDY CREEK DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>BRANDON, FL 33511</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>KELLEY, CARL E</td></tr><tr><td>STREET ADDRESS</td><td>13304 WALDEN SHEFFIELD ROAD</td></tr><tr><td>CITY - ST - ZIP</td><td>DOVER, FL 33527</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>			TITLE	P	NAME	CHERRY, GENE	STREET ADDRESS	2610 GALLAGHER ROAD	CITY - ST - ZIP	DOVER, FL 33527	TITLE	VP	NAME	SHIPP, RON	STREET ADDRESS	502 SANDY CREEK DRIVE	CITY - ST - ZIP	BRANDON, FL 33511	TITLE	ST	NAME	KELLEY, CARL E	STREET ADDRESS	13304 WALDEN SHEFFIELD ROAD	CITY - ST - ZIP	DOVER, FL 33527	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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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: <u>Carl E. Kelley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-9-06</u> <u>813 6848789</u> <small>Date Daytime Phone #</small>																																								