



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90042 017 ****61.25

DOCUMENT # N01000007949 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																																																																																		
2. Principal Place of Business - No P.O. Box # 1507 S. Alexander St. Suite, Apt. #, etc. Suite 103 City & State Plant City, FL Zip 33563		3. Mailing Address P.O. Box 3566 Suite, Apt. #, etc. City & State Plant City, FL Zip 33563																																																																																		
																																																																																				
		03182007 Chg-NP CR2E037 (12/06)																																																																																		
4. FEI Number 73-1722735		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 KELLEY, CARL E 13304 WALDEN SHEFFIELD ROAD DOVER, FL 33527		7. Name and Address of New Registered Agent Name Professional Property Mgmt. Svc. Street Address (P.O. Box Number is Not Acceptable) 1507 S. Alexander St. Suite Suite 103 City Plant City, FL Zip Code 33563																																																																																		
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 Gail C McGrath <i>Gail C. McGrath</i> <i>Carl Kelley Sec</i> <i>CARL Kelley Sec 3-27-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																				
Filing Fee is \$61.25 Due by May 1, 2007		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P CHERRY, GENE</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2610 GALLAGHER ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">DOVER, FL 33527</td> </tr> <tr> <td>TITLE</td> <td>VP SHIPP, RON</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">502 SANDY CREEK DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BRANDON, FL 33511</td> </tr> <tr> <td>TITLE</td> <td>ST KELLEY, CARL E</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13304 WALDEN SHEFFIELD ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">DOVER, FL 33527</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	P CHERRY, GENE	<input type="checkbox"/> Delete	STREET ADDRESS	2610 GALLAGHER ROAD		CITY-ST-ZIP	DOVER, FL 33527		TITLE	VP SHIPP, RON	<input type="checkbox"/> Delete	STREET ADDRESS	502 SANDY CREEK DRIVE		CITY-ST-ZIP	BRANDON, FL 33511		TITLE	ST KELLEY, CARL E	<input type="checkbox"/> Delete	STREET ADDRESS	13304 WALDEN SHEFFIELD ROAD		CITY-ST-ZIP	DOVER, FL 33527		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <i>Carl Kelley Sec</i> CARL Kelley Sec <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-27-07 <small>Date Daytime Phone #</small>																																																																																		