
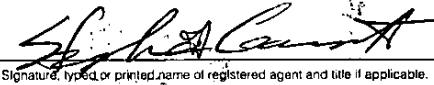


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90022 010 ****61.25

DOCUMENT # N01000007949					
1. Entity Name MCINTOSH LAKES OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1507 S ALEXANDER ST SUITE 103 PLANT CITY, FL 33563			Mailing Address P.O. BOX 3566 PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 204 Lithia Pinecrest Rd		3. Mailing Address PO Box 2761			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brandon FL		City & State Brandon FL		4. FEI Number 73-1722735	
Zip 33511		Country Hillsborough		Applied For Not Applicable	
Zip 33509		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROFESSIONAL PROPERTY MGMT, SVC 1507 S ALEXANDER ST SUITE 103 PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name: Stephen G Connett, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 204 E Morgan Street City: Brandon FL Zip Code: 33510		
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: 		STEPHEN G. CONNETT		4/28/2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	P CHERRY, GENE 2610 GALLAGHER ROAD DOVER, FL 33527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goff, Harold G 204 LITHIA PINECREST RD BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIPP, RON 502 SANDY CREEK DRIVE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Erle, Sharon D. 13039 MCINTOSH LKS. LN. DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, CARL E 13304 WALDEN SHEFFIELD ROAD DOVER, FL 33527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Shipp, Ronald 2818 GALLAGHER RD DOVER, FL 33527	<input checked="" 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
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
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:  **DATE:** 4/28/2008 **DAYTIME PHONE #:** 813-655-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #