


2006 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000624 1. Entity Name MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10543 N. BIG BASS TRAIL DUNNELLON FL 34434		Mailing Address 10543 N. BIG BASS TRAIL DUNNELLON FL 34434			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0050616	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAINES, TIM D 125 NE FIRST AVE., STE. 1 OCALA FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
SIGNATURE <small>Signature type-d or printed name of registered agent and title if applicable</small>			DATE <small>(NOTE: Registered Agent Signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		\$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	DP WONCH, DOUGLAS A 14215 SE 55TH AVE SUMMERFIELD FL 34491		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000518764 05/03/06-30025-007 61 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS/T HAINES, ADA A 10543 NORTH BIG BASS TRAIL DUNNELLON FL 34434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FAGAN, KERRY B 10435 NORTH BIG BASS TRAIL DUNNELLON FL 34434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ada A. Haines* **ADA A. HAINES** **4.15.06** **353.465.66**