

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000624

FILED
Mar 17, 2009
Secretary of State

Entity Name: MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10543 N. BIG BASS TRAIL
DUNNELLON, FL 34434

New Principal Place of Business:

Current Mailing Address:

10543 N. BIG BASS TRAIL
DUNNELLONN, FL 34434

New Mailing Address:

10543 N. BIG BASS TRAIL
DUNNELLON, FL 34434

FEI Number: 27-0050616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAINES, TIM D
125 NE FIRST AVE., STE. 1
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WONCH, DOUGLAS A
Address: 14215 SE 55TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: DS/T () Delete
Name: HAINES, ADA A
Address: 10543 NORTH BIG BASS TRAIL
City-St-Zip: DUNNELLON, FL 34434

Title: DVP () Delete
Name: FAGAN, KERRY B
Address: 10435 NORTH BIG BASS TRAIL
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADA A. HAINES

DS/T

03/17/2009

Electronic Signature of Signing Officer or Director

Date