

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004895

FILED
Jun 30, 2004
Secretary of State

Entity Name: MACKEY COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3687 MACKEY COVE DR
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

3687 MACKEY COVE DR
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 04-3763732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, BILL
3687 MACKEY COVE DR
PENSACOLA, FL 32514

Name and Address of New Registered Agent:

CLARK, WILLIAM D
3687 MACKEY COVE DR
PENSACOLA, FL 32514

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: WILLIAM D CLARK

06/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARK, BILL
Address: 3687 MACKEY COVE DR
City-St-Zip: PENSACOLA, FL 32514

Title: DV () Delete
Name: FLACK, STEVE
Address: 3728 MACKEY COVE DR
City-St-Zip: PENSACOLA, FL 32514

Title: DS () Delete
Name: JONES, JUDITH
Address: 3745 MACKEY COVE DR
City-St-Zip: PENSACOLA, FL 32514

Title: DT () Delete
Name: WHITE, BOB
Address: 9811 NORIEGA DR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLARK, WILLIAM D
Address: 3687 MACKEY COVE DR
City-St-Zip: PENSACOLA, FL 32514

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

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

Title: DT (X) Change () Addition
Name: ROBERTS, STEVE
Address: 3723MACKEY COVE DRIVE
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM D CLARK

DP

06/30/2004

Electronic Signature of Signing Officer or Director

Date