

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90022 044 ****61.25

DOCUMENT # N03154					
1. Entity Name MOCKINGBIRD HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 38107 RAVEN RD ZEPHYRHILLS, FL 33540 US			Mailing Address 38107 RAVEN RD ZEPHYRHILLS, FL 33540 US		
2. Principal Place of Business - No P.O. Box # 38111 Raven Road		3. Mailing Address 38111 Raven Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Zephyrhills, FL		City & State Zephyrhills, FL		4. FEI Number 65-0022861	
Zip 33540		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHENEY, IONE E 38107 RAVEN ROAD ZEPHYRHILLS, FL 33540			7. Name and Address of New Registered Agent Name: <u>Mackellar, Esther A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>38111 Raven Road</u> City: <u>Zephyrhills, FL</u> Zip Code: <u>33540</u>		
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: <u>Esther A. Mackellar</u> <u>Esther A. Mackellar</u> <u>4-11-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME COOPER, JOHN T		TITLE P	NAME Cooper, John T	
STREET ADDRESS 38048 W REN ROAD	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS 37510 New Horizons Blvd	CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE V	NAME COOPLE, RONALD		TITLE V	NAME Copple Ronald	
STREET ADDRESS 38038 BLACKBIRD LANE	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS Shady Oaks M.H.P. 38614 Monet Drive	CITY-ST-ZIP Zephyrhills, FL 33542	
TITLE S	NAME COPPLE, SUSAN		TITLE S	NAME Copple Susan	
STREET ADDRESS 38038 BLACKBIRD LANE	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS Shady Oaks Mobile H. P. 38614 Monet Drive	CITY-ST-ZIP Zephyrhills, FL 33542	
TITLE T	NAME CHENEY, IONE		TITLE T	NAME Mackellar, Esther A.	
STREET ADDRESS 38107 RAVEN ROAD	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS 38111 Raven Road	CITY-ST-ZIP Zephyrhills, FL 33540	
TITLE D	NAME ANDERTON, FAYE		TITLE D	NAME Wagner, James H.	
STREET ADDRESS 38014 BLACKBIRD LANE	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS 813 1/2 Purple Martin Lane	CITY-ST-ZIP Zephyrhills, FL 33540	
TITLE D	NAME MARTIN, MARGE		TITLE D	NAME Harness Roland	
STREET ADDRESS 38211 RAVEN RD	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		STREET ADDRESS 38104 Blackbird Lane	CITY-ST-ZIP Zephyrhills, FL 33540	
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 <u>Esther A. Mackellar</u>			SIGNATURE <u>Esther A. Mackellar</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small> <u>4-11-08</u>		