

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03154

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** MOCKINGBIRD HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8132 PURPLE MARTIN LANE  
ZEPHYRHILLS, FL 33540 US

**New Principal Place of Business:**

**Current Mailing Address:**

8132 PURPLE MARTIN LANE  
ZEPHYRHILLS, FL 33540 US

**New Mailing Address:**

**FEI Number:** 65-0022861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARNER, JAMES H  
8132 PURPLE MARTIN LANE  
ZEPHYRHILLS, FL 33540 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: P ( ) Delete  
Name: HARNESS, ROLAND  
Address: 38104 BLACKBIRD LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: V ( ) Delete  
Name: HODGES, PERRY  
Address: 38048 BLACKBIRD LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S ( ) Delete  
Name: NEWMAN, JUANETTE  
Address: 38108 WREN ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T ( ) Delete  
Name: WARNER, JAMES H  
Address: 8132 PURPLE MARTIN LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: D ( ) Delete  
Name: ROHNER, MARK H  
Address: 38100 BLACKBIRD LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D ( ) Delete  
Name: LUCIER, ELAINE  
Address: 38128 WREN ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

**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:

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: ROLAND HARNESS

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date