

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 008 ****70.00

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1. Entity Name

588TH MAINTENANCE COMPANY ASSOCIATION, INC.



Principal Place of Business

RT. 6 BOX 323
LAKE CITY FL 32025

Mailing Address

RT. 6 BOX 323
LAKE CITY FL 32025

50010643



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

634 SE. Mayhall Terrace

3. Mailing Address

634 SE. Mayhall Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32025

Country
Columbia

Zip
32025

Country
Columbia

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANGRUM, DAVID E
RT. 6 BOX 232
LAKE CITY FL 32025

634 SE. Mayhall Terrace

7. Name and Address of New Registered Agent

Name **MANGRUM DAVID E.**

Street Address (P.O. Box Number is Not Acceptable)

634 SE. Mayhall TERRACE

City **Lake City**

FL

Zip Code
32025

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

David E Mangrum

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-26-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MANGRUM, DAVID E**
STREET ADDRESS **RT. 6 BOX 232 634 SE. Mayhall Terrace**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Delete
NAME **MOLLOY, WILLIAM**
STREET ADDRESS **4108 MAKYES RD.**
CITY-ST-ZIP **SYRACUSE NY 13215**

TITLE **D** ☐ Delete
NAME **WRIGHT, WILLIAM**
STREET ADDRESS **ONE NEWSTEAD LANE**
CITY-ST-ZIP **CARTERSVILLE VA 23027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

David E Mangrum **01-31-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #