


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 023 ****61.25

DOCUMENT # N04000000362

1. Entity Name
588TH MAINTENANCE COMPANY ASSOCIATION, INC.




Principal Place of Business Mailing Address
634 SE MAYHALL TERRACE LAKE CITY FL 32025 **634 SE MAYHALL TERRACE LAKE CITY FL 32025**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2103
 Suite, Apt. #, etc.

City & State
Lake City, Florida

Zip Country
32056-2103 U.S.



1st MOORE CR2E037 (10/07)

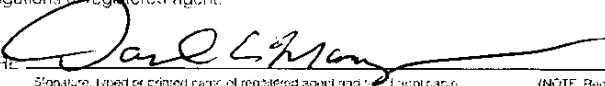
6. Name and Address of Current Registered Agent
MANGRUM, DAVID E
634 SE MAYHALL TERRACE
LAKE CITY FL 32025

4. FEI Number
NO-T APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  DATE **1-28-08**

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature is not used when reinstating)

FILE NOW: FEE IS \$81.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

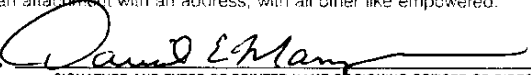
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANGRUM, DAVID E	
STREET ADDRESS	634 SE MAYHALL TERRACE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLOY, WILLIAM	
STREET ADDRESS	4108 MAKYES RD.	
CITY-ST-ZIP	SYRACUSE NY 13215	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM	
STREET ADDRESS	ONE NEWSTEAD LANE	
CITY-ST-ZIP	CARTERSVILLE VA 23027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  DATE **1-28-08 386-623-3617**