

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010063

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** MCKAY STREET TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13236 HEATHER MOSS DRIVE, SUITE 1115  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

13236 HEATHER MOSS DRIVE, SUITE 1115  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, RANDALL C ESQ.  
533 VERSAILLES DRIVE, SUITE 100  
MAITLAND, FL 32751 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: DPT ( ) Delete  
Name: RIGHETTI, SILVIO  
Address: 13236 HEATHER MOSS DRIVE, SUITE 1115  
City-St-Zip: ORLANDO, FL 32837

Title: DVS ( ) Delete  
Name: RIGHETTI, MARGARITA C  
Address: 13236 HEATHER MOSS DRIVE, SUITE 1115  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: LEMPert, JORGE  
Address: 13236 HEATHER MOSS DRIVE, SUITE 1115  
City-St-Zip: ORLANDO, FL 32837

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARITA C. RIGHETTI

DVS

01/08/2007

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

\_\_\_\_\_  
Date