2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000011415

1. Entity Name
MCCORMICK WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3100 CLAY AVENUE SUITE 275 ORLANDO, FL 32804	3100 CLAY AVENUE SUITE 275 ORLANDO, FL 32804

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02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-8068825
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAMER, STUART A
STREET ADDRESS	3100 CLAY AVENUE, SUITE 275
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VTD
NAME	HAMNER, DWAYNE R
STREET ADDRESS	3100 CLAY AVENUE, SUITE 275
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	~~SD~~
NAME	~~LEVY, EVELYN~~
STREET ADDRESS	~~3100 CLAY AVENUE, SUITE 275~~
CITY-ST-ZIP	~~ORLANDO, FL 32804~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80032-006 61.25

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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: Stuart K Kramer STUART KRAMER 3/3/2008 407896-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #