## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007784

FILED Apr 30, 2009 Secretary of State

Entity Name: MAHAN VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1804 MICCOSUKEE COMMONS DR., STE. 202 TALLAHASSEE, FL 32308 1600 REYNOLDS ROAD QUINCY, FL 32351

Current Mailing Address: New Mailing Address:

1600 REYNOLDS ROAD QUINCY, FL 32351

FEI Number: 26-3164112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHIVERS, JEFFERY

MILLER, DANNY

1804 MICCOSUKEE COMMONS DR., STE. 202 TALLAHASSEE, FL 32308 US 1600 REYNOLDS ROAD QUINCY, FL 32351 US

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: DANNY R. MILLER 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

Name: SHIVERS, JEFFERY S. Name:

Address: 1804 MICCOSUKEE COMMONS DR., STE. 202 Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip:

Title: DV ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 WHITFIELD, JEFFREY
 Name:
 MILLER, DANNY

 Address:
 1804 MICCOSUKEE COMMONS DR., STE. 202
 Address:
 1600 REYNOLDS ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 QUINCY, FL 32351

Title: DST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MILLER, DANNY
 Name:
 Address:
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 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: DANNY R. MILLER DST 04/30/2009