

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30970

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: MACKINLEY'S MILL HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

PO BOX 620972  
OVIEDO, FL 32762 US

## New Principal Place of Business:

1058 OLD CONVENTRY CT  
N/A  
OVIEDO, FL 32765 US

## Current Mailing Address:

P.O. BOX 620972  
OVIEDO, FL 327620972 US

## New Mailing Address:

P.O. BOX 621110  
N/A  
OVIEDO, FL 32762 US

FEI Number: 59-2954262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DON ASHER & ASSOCIATES, INC.  
52 E SOUTH STREET  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

CLEMENTS, TOM  
1280 MACTAVANDASH DR  
N/A  
OVIEDO, FL 32765 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: TOM CLEMENTS

01/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SEFT, DARLENE  
Address: 1058 OLD CONVENTRY CT  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: CERVI, BILL  
Address: 700 MACGLENROSS DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete  
Name: EL-JAMIL, VALERIE  
Address: 1230 MACTAVANDASH DR.  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: SMITH, BRAD  
Address: 1300 MACTAVANDASH DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CERVI, BILL  
Address: 700 MACGLENROSS DR  
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition  
Name: HUGHES, TIA  
Address: 1068 OLD COVENTRY CT  
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change ( ) Addition  
Name: CLEMENTS, TOM  
Address: 1280 MACTAVANDASH DR.  
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition  
Name: SOONER, CRAIG  
Address: P.O. BOX 621110  
City-St-Zip: OVIEDO, FL 32762

Title: VP ( ) Change (X) Addition  
Name: BUONOCORE, DARLENE  
Address: 1058 OLD CONVENTRY CT  
City-St-Zip: OVIEDO, FL 32765

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: TOM CLEMENTS

T

01/17/2007

Electronic Signature of Signing Officer or Director

Date