

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30970

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2954262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUONOCORE, DARLENE  
1058 OLD COVENTRY COURT  
N/A  
OVIEDO, FL 32765 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: P ( ) Delete  
Name: PONTON, THOMAS  
Address: 1310 MACTAVANDASH DR  
City-St-Zip: OVIEDO, FL 32765

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

Title: T ( ) Delete  
Name: BUONOCORE, DARLENE  
Address: 1058 OLD COVENTRY COURT  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: SOONER, CRAIG  
Address: 1030 ABBORTSFORD CT  
City-St-Zip: OVIEDO, FL 32762

Title: VP ( ) Delete  
Name: LEDBETTER, RICHARD  
Address: 1197 MACLAUREN CT  
City-St-Zip: OVIEDO, FL 32765

**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:

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 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: DARLENE BUONOCORE

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03/31/2009

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

\_\_\_\_\_  
Date