

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36612**

1. Entity Name  
**MACLEAN HILLS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7816 MACLEAN RD  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**7816 MACLEAN RD  
TALLAHASSEE, FL 32312 US**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3154935**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, KIM  
7816 MACLEAN RD  
TALLAHASSEE, FL 32312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HATFIELD, JIM  
7788 MACLEAN RD  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
DRITT, JAMES  
7809 MACLEAN RD  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
JOHNSON, KIM  
7816 MACLEAN RD  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000378406  
01/09/06-80004-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 persons empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James D. Dritt* **5 Jan 2006** **894.5706**  
Date Daytime Phone #