

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 038 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 7813 MACLEAN ROAD Suite, Apt. #, etc.		3. Mailing Address 7813 MACLEAN ROAD Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL	
Zip 32312		Zip 32312	
Country USA		Country USA	
4. FEI Number 59-3154935		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KIM 7816 MACLEAN RD TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name LINEHAN, MARK Street Address (P.O. Box Number is Not Acceptable) 7813 MACLEAN ROAD City TALLAHASSEE FL Zip Code 32312	
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 <u><i>Kim Johnson, Treasurer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATFIELD, JIM 7788 MACLEAN RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARAY, AMY 7793 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRITT, JAMES 7809 MACLEAN RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-1 DURFEE, ERNIE 7757 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KIM 7816 MACLEAN RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-2 BALLANTYNE, GREG 7756 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, MAILEA 7768 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINEHAN, MARK 7813 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HATFIELD, JIM 7788 MACLEAN ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Kim Johnson, Treasurer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/27/07</u> DAYTIME PHONE # <u>850/894-9686</u>	