


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 016 ****61.25

DOCUMENT # N36612 1. Entity Name MACLEAN HILLS OWNERS ASSOCIATION, INC.					
Principal Place of Business 7813 MACLEAN RD TALLAHASSEE, FL 32312 US			Mailing Address 7813 MACLEAN RD TALLAHASSEE, FL 32312 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3154935	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINEHAN, MARK 7813 MACLEAN RD TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 3/23/08	
SIGNATURE <i>Mark Linehan</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2008	
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					
TITLE	P	NAME GARAY, AMY STREET ADDRESS 7793 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
TITLE	V-1	NAME DURFEE, ERNI STREET ADDRESS 7757 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
TITLE	V-2	NAME BALLANTYNE, GREG STREET ADDRESS 7756 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
TITLE	S	NAME ADAMS, MAILER STREET ADDRESS 7768 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
TITLE	T	NAME LINEHAN, MARK STREET ADDRESS 7813 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
TITLE	C	NAME HATFIELD, JIM STREET ADDRESS 7788 MACLEAN RD. CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	NAME <i>Ernie Durfee</i> STREET ADDRESS <i>7793 Maclean Rd</i> CITY-ST-ZIP <i>Tallahassee, Fla. 32312</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	V-1	NAME <i>Gebre Kinos</i> STREET ADDRESS <i>7752 Maclean Rd.</i> CITY-ST-ZIP <i>Tallahassee, Fla. 32312</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NO change				
TITLE	NO change				
TITLE	NO change				
TITLE	NO change				
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: <i>Mark Linehan, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/23/08	
				DAYTIME PHONE # 850-893-0479	