2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36612

FILED Jan 25, 2009 Secretary of State

Entity Name: MACLEAN HILLS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7813 MACLEAN RD TALLAHASSEE, FL 32312 US **Current Mailing Address: New Mailing Address:** 7813 MACLEAN RD TALLAHASSEE, FL 32312 US FEI Number: 59-3154935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINEHAN, MARK 7813 MACLEAN RD TALLAHASSEE, FL 32312 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DURFEL, ERNIE DURFEE, ERNIE Name: Name: 7793 MACLEAN RD. Address: 7793 MACLEAN RD. Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: Title: (X) Change () Addition () Delete Name: KINOS, GEBRE Name: KIROS, GEBRE Address: 7752 MACLEAN RD. Address: 7752 MACLEAN RD. City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: V-2 () Delete Title: () Change () Addition BALLANTYNE, GREG Name: Name: 7756 MACLEAN RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: ADAMS, MAILER Name: ADAMS, MAILEA 7768 MACLEAN RD. 7768 MACLEAN RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition LINEHAN, MARK Name: Name: 7813 MACLEAN RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition HATFIELD, JIM Name: Name: Address: 7788 MACLEAN RD. Address: TALLAHASSEE, FL 32312 City-St-Zip: 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: MARK LINEHAN T 01/25/2009