2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT # N46167 1. Entity Name MCBT ROAD MAINTENANCE ASSOCIATION, INC.							02-10-2006 90032 030 ****61.25
Principal Place of Business 3660 LAS BRISAS ST TALLAHASSEE, FL 32309			Mailing Address 3660 LAS BRISAS ST TALLAHASSEE, FL 32309			:	•.
2. Principal Place of Business			3. Mailing Address			· · · · · · · · · · · · · ·	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006 Chg-NP CR2E037 (11/05)
City & State			City & State			4. FEI Number Applied For 59-3094741 Not Applicable	
Zip		Country	Zip	Cox	untry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
RUDOLPH, JOHN A., JR.						10 Hm	N A RUDOLPH, JA
5663 TOR TALLAHAS	TOISE CF	ROSSING			Street-Add	100 SS (1	(P.O. Box Number is Not Acceptable) TOPLTOISE (LOSS)NU
							HASSEE FL Zip Code 32309
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, hyped or printed name of registered agent and title if addicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		e is \$61.25 Nay 1, 2006	9. Election Ca]	\$5.00 May Be Make check payable to Added to Fees Florida Department of State
10.		OFFICERS AND DI	BECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	VPD		☑ Delete	TITLE	E		OOLPH, RHESA TVPD Change WAddilion
NAME JOHNSON, JERRY				L		3 TORTOISE CROSSING	
STREET ADDRESS		ODY TRAIL					
CITY-ST-ZIP	SD	SEE, FL 32309		-	-ST-ZIP	PAZ	LAH455EE FL 32309 15, TOHN™ PD □ Change □ (Addition
TITLE NAME	GILLIS, T	IM.	☐ Delete	TITE	:)/AY	TO MOOOY TRAIL
STREET ADDRESS		E CHARLES DR.					
CITY-ST-ZIP	TALLAHA	SSEE, FL 32309		CITY		:_	LAHASSEE FL 32309
TITLE	PD	DADW	☐ Delete	TITLE		<i>5</i> ⊅	CLLISON, LINDA
NAME STREET ADDRESS	ELLISON	, DARYL E CHARLES DR.		NAM STRE			NA LINE OFFICE OFFICES DIF
CITY-ST-ZIP		SEE, FL 32309			-ST-ZIP	TAL	LAMASSEE, FL 32309 Change Addition TO LAKE CHANLES ON LAMASSEE, FL 32309
TITLE	TD		Delete	TITLE	. \	VPI	D Addition
NAME	DRAKE, L			NAM	E 2	SILL	15 71M CHARLES DA
STREET ADDRESS	l.	E CHARLES DR			ET ADDRESS 3	367	1 A HASSEE. FL 32309
CITY-ST-ZIP	FCHA	SSEE, FL 32309	[] Dates	TITLE	-31-217 /	TD	Change Addition
NAME	1	A, MICHAEL	☐ Delete	NAM	I .	, –	Change Addition
STREET ADDRESS		BRISAS ST		STRE	ET ADDRESS		
CITY-ST-ZIP	TALLAHA	SSEE, FL 32309		CITY	-ST-ZIP		
TITLE			☐ Oelete	TITLE	1		☐ Change ☐ Addition
NAME STREET ADDRESS				NAM	ET ADDRESS		
CITY-ST-ZIP					-ST-ZIP		
	L certify that th	e information supplied with	this filing does not qualify for			tained	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.							

SOHN DAVIS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/06

Date