

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90653 037 \*\*\*\*61.25

**DOCUMENT # N94000005832**

**1. Entity Name**  
**HIGH RIDGE TRAIL MAINTENANCE ASSOCIATION, INC.**



**Principal Place of Business**

**2801 SW COLLEGE RD  
SUITE 1  
OCALA FL 34474**

**Mailing Address**

**152 SHIPHERD CIR.  
OBERLIN OH 44074**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number 59-3327829**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

**7. Name and Address of New Registered Agent**

**MACKAY, DAVID L  
2801 SW COLLEGE RD  
SUITE 1  
OCALA FL 34474**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MACKAY, ALFRED F</b>	
<b>STREET ADDRESS</b>	<b>152 SHIPHERD CIR.</b>	
<b>CITY-ST-ZIP</b>	<b>OBERLIN OH 44074</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FISHER, ELIZABETH</b>	
<b>STREET ADDRESS</b>	<b>111 CHESTNUT RIDGE ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>ARDEN NC 28704</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MACKAY, DAVID L.</b>	
<b>STREET ADDRESS</b>	<b>2801 SW COLLEGE RD., SUITE 1</b>	
<b>CITY-ST-ZIP</b>	<b>OCALA FL 34474</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

CR2E037 (10/02)

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Alfred F. Mackay* **ALFRED F. MACKAY** **JANUARY 9, 2003** **440-775-1563**