


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 031 ****61.25

DOCUMENT # N95000004784	
1. Entity Name MARE CREEK FARMS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 121 SOUTH BRETT ST. CRESTVIEW, FL 32539	Mailing Address PO BOX 6 MOSSY HEAD, FL 32434
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2. Principal Place of Business - No P.O. Box # 43 LAIRD RD	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRESTVIEW FL	City & State
Zip 32539	Country OKALOOSA
Zip	Country

40147770



06082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3339628		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 ANDERSON, ROBERT R 121 SOUTH BRETT STREET CRESTVIEW, FL 32539		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 114 PALMETTO ST. SUITE 8 City DESTIN FL Zip Code 32541		

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

Filing Fee is \$61.25 Due by September 14, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S TOLLE, MATTHEW M 5280 STALLION DR. CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILLARS GARY J. 5272 MARE CREEK DR CRESTVIEW FL 32539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BANKS, MICHAEL 5270 CHESTERFIELD ROAD CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CURRY ROBERT E. 5392 MARE CREEK DR. CRESTVIEW FL. 32539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEYMOUR, MARY K 5247 MARE CREEK DR. CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BANKS MICHAEL 5270 CHESTERFIELD RD. CRESTVIEW FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOUSIAINEN, ANGELA 5471 NORTHWOOD DR CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEYMOUR MARY K. 5247 MARE CREEK DR CRESTVIEW FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: Gary J. Sillars **GARY J. SILLARS** 7-27-07 (850) 687-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #