

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90026 041 ****61.25

DOCUMENT # N97000003700

1. Entity Name

MACLAY HAMMOCK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

1376 MOSSWOOD CHASE
TALLAHASSEE FL 32312
US

Mailing Address

1376 MOSSWOOD CHASE
TALLAHASSEE FL 32312
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3474118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, CAROL L
1376 MOSSWOOD CHASE
TALLAHASSEE FL 32312

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 is required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

TITLE SDTD ☐ Delete
NAME HENDRIX, CAROL L
STREET ADDRESS 1376 MOSSWOOD CHASE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☒ Delete
NAME FOKES, ELLEN
STREET ADDRESS 7884 PARLAMENT CT
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☐ Delete
NAME AGNER, WILLIAM S
STREET ADDRESS 1129 MOSSWOOD CHASE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME CROWDER, DEBORAH
STREET ADDRESS 1112 MOSSWOOD CHASE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☒ Delete
NAME VANLANDINGHAM, ALLIE
STREET ADDRESS 1336 MOSSWOOD CHASE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carol L. Hendrix Carol L. Hendrix

4-25-08

(850)291-4241