

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 019 ***150.00

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1. Entity Name
MAHONEY COMMUNITIES, INC.



Principal Place of Business
P.O. Box 8007
NORTH PORT, FL 34287

Mailing Address
P.O. Box 8007
NORTH PORT, FL 34287

14013304

2. Principal Place of Business
P. O. BOX 8007

3. Mailing Address
46 N. WASHINGTON BLVD.



04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State
NORTH PORT, FL

City & State
SARASOTA, FL

4. FEI Number
65-1107951

Applied For
Not Applicable

Zip Country
34287-8007

Zip Country
34236

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNBULL, J. STUART
1578 Scarlett AVE.
North Port, FL 34287

7. Name and Address of New Registered Agent

Name
LPS CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD.
SUITE 1
City SARASOTA FL Zip Code 34236

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.)
JOHN PATTERSON, its President

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TURNBULL, J. STUART
STREET ADDRESS 3852 Torrey Pines Blvd.
CITY-ST-ZIP SARASOTA, FL 34238

TITLE VP ☐ Delete
NAME BOTTS, MARK G
STREET ADDRESS 4722 OLD FARM RD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D,S,T ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D,P ☒ 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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 607, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 423-3788

Date

Daytime Phone #

MARK G. BOTTS, President