2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P02000125961** Feb 11, 2005 08:00 AM MACK BAYOU PINES HOMEOWNERS ASSOCIATION, **Secretary of State** INC. Principal Place of Business Mailing Address **362 SILVER ROAD** 362 SILVER ROAD PENSACOLA, FL 32503 PENSACOLA, FL 32503 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 35-2195323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, T. ROLAND DO NOT WRITE 362 SILVER ROAD PENSACOLA, FL 32503 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BROWN, T. ROLAND STREET ADDRESS 362 SILVER ROAD CITY-ST-77P PENSACOLA, FL 32503 1/00000225240 02/11/05-80032-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADORESS CITY-ST-ZIP MLE

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

850-438-8038

Daytime Phone &