2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPOR	1 (AR)	:		F	eh 13 2	006 0	8·00 /	ΔM
DOCUMENT # P02000125961 1. Entity Name						Feb 13, 2006 08:00 AM Secretary of State				
MACK BA	YOU PINES HOMEOWNER	S ASSOC	ATION, INC.							
Principal Place of Business :- Mailing A			dress							
362 SILVER ROAD 36 PENSACOLA FL 32503 PE		362 SILV PENSAC	ER ROAD DLA FL 32503	1						
2. Principal Place of Business		3. Mailing	ailing Address		· · · · · · ·	**************************************				
Suite, Apt. #, etc.		Suite, Ac	Apt. #, etc.			1:	st MOORE	CR2E03	4 (10/05)	
City & Stat	e :	City & St	ate			4. FEI Numi	35-21953	323	t- 1	oplied For ot Applicate
Zip	Country	Zip		Count	У	5. Certificat	e of Status Desire	d []	\$8.75 Add	ditional ed
	6. Name and Address of Current	Registered Ac	gent	}	Name	7. Name an	d Address of Ne	w Registered	Agent	
BROWN, T. ROLAND 362 SILVER ROAD PENSACOLA FL 32503				}		set Address (P.O. Box Number is Not Acceptable)				
				}						
				-	City			F	T Zip Cod	le
8. The above	named entity submits this statement to tions of registered agent.	or the purpose	of changing its re	gistere	d affice or registe	ered agent, or b	oth, in the State of		-	and accept
SIGNATURE .	Signature, typed or printed name of registered agent		AUDIT D	}						
	ILE NOW!!) FEE IS \$150.00	and mic s applicable	, (NOIE F	(egrstoren	Agent signature require	when temataning)	1	DATE		· · · ·
After	May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o	f State		:			9. Election Car Trust Fund (npaign Finani Contribution.		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS	S/CHANGES TO C	OFFICERS AN	DIRECTOR	S IN 11
TILE	D	4	☐ Delete	TITLE					Change	🔲 Addilloo
NAME STREET ADDRESS	BROWN, T. ROLAND 362 SILVER ROAD	{		NAME	* tabacco		บกกกกก	420126		
CITY-ST-ZIP	PENSACOLA FL 32503			STIREET ADDRESS CITY-ST-ZIP			02/22/06 02/22/06	90036-00	150.0	U
title Name		}	☐ Delete	TITLE NAME					Change	Addition
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NAME STREET ADDRESS				NAME	T ADDOCCC					
CITY-ST-ZIP				CITY-S	T ADORESS ST-ZIP					
TITLE NAME			☐ Delete	TRLE		-			☐ Change	
STREET AUDRESS		S	;	name Stree	I ADORESS					
CITY-ST-ZIP				CITY-S	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 cath, 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:

SIGNATURE:

850-438-802