

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002118

DOCUMENT # **NO1000006333**

1. Entity Name  
**MABRY OAKS HOMEOWNERS ASSOCIATION, INC.**



FILED

03 SEP 29 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2921 ROBERTS AVE.  
TALLAHASSEE FL 32310

Mailing Address  
2921 ROBERTS AVE.  
TALLAHASSEE FL 32310



9124/03 01066 011  
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2252756**

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

~~MANAUSA, DANIEL E  
3520 THOMASVILLE RD., 4TH FL  
TALLAHASSEE FL 32309~~

Name **Tommy L. Mills**

Street Address (P.O. Box Number is Not Acceptable)

**6795 Quail Valley Rd**

City **Tallahassee**

**FL**

Zip Code

**32308**

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

*Tommy L. Mills*  
Signature, typed or printed name of registered agent and title if applicable.

*Board President*  
(NOTE: Registered Agent signature required when reinstating)

*7/19/03*  
DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **TANKERSLEY, NANCY**  
STREET ADDRESS **2810 ROBERTS AVE.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **Randall Webster - D**  Change  Addition  
NAME  
STREET ADDRESS **PO Box 1841**  
CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE **D**  Delete  
NAME **STONE, BILL**  
STREET ADDRESS **2810 ROBERTS AVE.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **Retain**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CUMMINGS, RON**  
STREET ADDRESS **2810 ROBERTS AVE.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **Tommy L. Mills - D**  Change  Addition  
NAME  
STREET ADDRESS **6795 Quail Valley Rd**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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 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: *Tommy L. Mills* **7/19/03** **850-574-2288**

CR2037 (4/03)