

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000624

**FILED**  
**Feb 23, 2014**  
**Secretary of State**  
**CC0120101091**

**Entity Name:** MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10643 N. BIG BASS TRAIL  
DUNNELLON, FL 34434

**Current Mailing Address:**

10643 N. BIG BASS TRAIL  
DUNNELLON, FL 34434 US

**FEI Number: 27-0050616**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAINES, TIM D  
125 NE FIRST AVE., STE. 1  
OCALA, FL 34470 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name DOUGLAS, GREGORY  
Address 10570 N BIG BASS TRL  
City-State-Zip: DUNNELLON FL 34434

Title DVP  
Name OLTERS, JOHN J  
Address 10295 N BIG BASS TRL  
City-State-Zip: DUNNELLON FL 34434

Title DS  
Name PEREZ, SUSAN Z  
Address 10489 N BIG BASS TRL  
City-State-Zip: DUNNELLON FL 34434

Title DT  
Name LOCASCIO, AMY L  
Address 10643 N BIG BASS TRL  
City-State-Zip: DUNNELLON FL 34434

Title D  
Name HAINES, ADA A  
Address 10529 N BIG BASS TRL  
City-State-Zip: DUNNELLON FL 34434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: AMY LOCASCIO**

**TREASURER**

**02/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date