

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000624

**FILED
Jul 01, 2004
Secretary of State**

Entity Name: MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

125 NE FIRST AVE., STE. 1
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

125 NE FIRST AVE., STE. 1
OCALA, FL 34470

New Mailing Address:

FEI Number: 27-0050616 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DRAKE, GEORGE M
Address: 13590 SW STATE RD. 200
City-St-Zip: DUNNELLON, FL 34432

Title: DS () Delete
Name: NEEDHAM, WILLIAM P SR
Address: 1330 SE 33RD CT.
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: FAGAN, KERRY B
Address: 10899 N. QUARRY DR.
City-St-Zip: CITRUS SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WONCH, DOUGLAS A
Address: 14215 SE 55TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: DS/T (X) Change () Addition
Name: HAINES, ADA A
Address: 10543 NORTH BIG BASS TRAIL
City-St-Zip: DUNNELLON, FL 34434

Title: DVP (X) Change () Addition
Name: FAGAN, KERRY B
Address: 10435 NORTH BIG BASS TRAIL
City-St-Zip: DUNNELLON, FL 34434

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ADA A. HAINES

S/T

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date