

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2005
Secretary of State**

DOCUMENT# N02000000624

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:

10543 N. BIG BASS TRAIL
DUNNELLON, FL 34434

Current Mailing Address:

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

New Mailing Address:

10543 N. BIG BASS TRAIL
DUNNELLONN, FL 34434

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 US

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: WONCH, DOUGLAS A
Address: 14215 SE 55TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/18/2005

Electronic Signature of Signing Officer or Director

Date