


2006 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000624 1. Entity Name MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.	
--	--

Principal Place of Business 10543 N. BIG BASS TRAIL DUNNELLON FL 34434	Mailing Address 10543 N. BIG BASS TRAIL DUNNELLON FL 34434
--	--



2. Principal Place of Business	3. Mailing Address	4. FEI Number 27-0050616
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP WONCH, DOUGLAS A	<input type="checkbox"/>
NAME	14215 SE 55TH AVE	
STREET ADDRESS	SUMMERFIELD FL 34491	
CITY - ST - ZIP		
TITLE	DS/T HAINES, ADA A	<input type="checkbox"/>
NAME	10543 NORTH BIG BASS TRAIL	
STREET ADDRESS	DUNNELLON FL 34434	
CITY - ST - ZIP		
TITLE	DVP FAGAN, KERRY B	<input type="checkbox"/>
NAME	10435 NORTH BIG BASS TRAIL	
STREET ADDRESS	DUNNELLON FL 34434	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY - ST - ZIP	_____	
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY - ST - ZIP	_____	
TITLE	_____	<input type="checkbox"/>
NAME	_____	
STREET ADDRESS	_____	
CITY - 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 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: *Ada A. Haines* **ADA A. HAINES** 4.15.06 352.465.66