

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000624

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: MACKAY PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10543 N. BIG BASS TRAIL  
DUNNELLON, FL 34434

**New Principal Place of Business:**

**Current Mailing Address:**

10543 N. BIG BASS TRAIL  
DUNNELLON, FL 34434

**New Mailing Address:**

10543 N. BIG BASS TRAIL  
DUNNELLON, 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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

DS/T

03/17/2009

\_\_\_\_\_ Date