

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N32439** (4)  
1. Corporation Name:  
**MYSTIC AT MARINERS' VILLAGE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business:

Mailing Address:

**3075**  
2749 CAYMAN WAY  
ORLANDO FL 32812  
US

P.O BOX 561156  
ORLANDO FL 32812  
US **32856-1156**

3. Date Incorporated or Qualified

**05/22/1989**

4. FEI Number

**59-3001338**

Applied For

Not Applicable

2. Principal Place of Business:

2a. Mailing Address:

**21** **3075 Caymanway**  
Suite, Apt. #, etc.

**26** **P.O. Box 561156**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23** **Orlando FL**

**28** **Orlando FL**

**24** **32812**  
Zip

**25** **Orange**  
Country

**29** **32056**  
Zip

**30** **Orange**  
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VELASQUEZ, SANDRA**  
**2749 CAYMAN WAY**  
**ORLANDO FL 32812**

**81** Name

**Janet D. Wilson**

**82** Street Address (P.O. Box Number is Not Acceptable)

**3075 Cayman Way**

**83**

**84** City

**Orlando**

**FL**

**85** Zip Code

**32812-5359**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Janet D. Wilson*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS**  
NAME **WILSON, JULIANNE**  
STREET ADDRESS **2986 MYSTIC COVE DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

☐ DELETE

1.1 TITLE **President, Director** ☐ Change ☒ Addition  
1.2 NAME **JANET D. WILSON**  
1.3 STREET ADDRESS **3075 CAYMAN WAY**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32812-5359**

TITLE **T**  
NAME **GELTCH, WENDY**  
STREET ADDRESS **5203 MYSTIC POINT COURT**  
CITY-ST-ZIP **ORLANDO FL**

☐ DELETE

2.1 TITLE **Secretary / Treasurer** ☐ Change ☒ Addition  
2.2 NAME **Wendy Geltch**  
2.3 STREET ADDRESS **5203 MYSTIC POINT COURT**  
2.4 CITY-ST-ZIP **Orlando FL 32812-5340**

TITLE **DVP**  
NAME **VELASQUEZ, SANDRA**  
STREET ADDRESS **2749 CAYMAN WAY**  
CITY-ST-ZIP **ORLANDO FL**

☐ DELETE

3.1 TITLE **Vice President, Director** ☐ Change ☒ Addition  
3.2 NAME **JAMES BRADY STARK**  
3.3 STREET ADDRESS **3083 CAYMAN WAY**  
3.4 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE **Vice President, Director** ☐ Change ☒ Addition  
4.2 NAME **Billy Scott III**  
4.3 STREET ADDRESS **2902 MYSTIC COVE**  
4.4 CITY-ST-ZIP **Orlando, FL 32812**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet D. Wilson*

CR2E037 (10/97)