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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32439

1. Corporation Name

MYSTIC AT MARINERS' VILLAGE ~~COMMUNITY~~ HOMEOWNERS ASSOCIATION, INC.
N, INC. COMMUNITY

Principal Place of Business	Mailing Address
3075 CAYMAN WAY ORLANDO FL 32812 US	~~P.O. BOX 561156~~ ~~ORLANDO FL 32856-1156~~ ~~US~~

LAR 99-150

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 AS ABOVE	26 4620 E. MICHIGAN STREET	05/22/1989
Suite, Apt. #, etc. 22	Suite, Apt. # etc. 27 PMB # 112	4. FEI Number 59-3001338 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ORLANDO, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32812 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, JANET D 3075 CAYMAN WAY ORLANDO FL 32812	81 Name SAME AS #9 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

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 Pres/RA — June 1 '99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JULIANNE		1.2 NAME	
STREET ADDRESS	2986 MYSTIC COVE DRIVE		1.3 STREET ADDRESS	9/23/99 9001 0 029 $61.25
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GELTCH, WENDY		2.2 NAME	
STREET ADDRESS	5203 MYSTIC POINT COURT		2.3 STREET ADDRESS	00000309538D--5
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP	-01/12/00--01006--001
TITLE	DVP	☐ DELETE	3.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	VELASQUEZ, SANDRA		3.2 NAME	
STREET ADDRESS	2749 CAYMAN WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JANET D		4.2 NAME	
STREET ADDRESS	3075 CAYMAN WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812		4.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STARK, JAMES B		5.2 NAME	
STREET ADDRESS	3083 CAYMAN WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812		5.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, BILLY I		6.2 NAME	
STREET ADDRESS	2802 MYSTIC COVE		6.3 STREET ADDRESS	KE
CITY-ST-ZIP	ORLANDO FL 32812		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, with all other like empowered.

SIGNATURE: Janet D Wilson Pres/RA — Apr 13 '99 — 407 382-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #