

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32439

FILED
Mar 21, 2005
Secretary of State

Entity Name: MYSTIC AT MARINERS' VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3001338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: RIGHTS, BARBARA B
Address: 5299 BONNAIRRE
City-St-Zip: ORLANDO, FL 328125349

Title: VPD () Delete
Name: BONNETTE, RICHARD P
Address: 5223 MYSTIC POINT COURT
City-St-Zip: ORLANDO, FL 328125349

Title: STD () Delete
Name: SCHMIDT, STEPHEN
Address: 5129 MYSTIC POINT COURT
City-St-Zip: ORLANDO, FL 328125349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOSSCHER, ROBERT H
Address: 5124 MYSTIC POINT CT
City-St-Zip: ORLANDO, FL 328125349

Title: VPD (X) Change () Addition
Name: JOSEPH, KATHY
Address: 2978 MYSTIC COVE DR
City-St-Zip: ORLANDO, FL 328125349

Title: STD (X) Change () Addition
Name: JONES, PATRICA K
Address: 3010 CAYMAN WAY
City-St-Zip: ORLANDO, FL 328125349

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: ROBERT H BOSSCHER

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date