

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90097 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N01000005689</b><br>1. Entity Name<br><b>MYSTIC FOREST HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| Principal Place of Business<br><b>300 ARAGON AVE.<br/>SUITE 210<br/>MIAMI FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                     | Mailing Address<br><b>300 ARAGON AVE.<br/>SUITE 210<br/>MIAMI FL 33134</b> |                                                                                                                                                                                                                          |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | City & State                                                                        |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                                                                    | Zip                                                                                 | Country                                                                    |                                                                                                                                                                                                                          |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GAINZAS, ROGELIO<br/>300 ARAGON AVENUE<br/>SUITE 210<br/>MIAMI FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                     |                                                                            | 7. Name and Address of New Registered Agent<br>Name <b>JUAN A. SANCHEZ, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10251 Sunset Drive # A106</b><br>City <b>Miami</b> FL Zip Code <b>33172</b> |                                                                              |
| 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<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                     |                                                                            | DATE <b>4/4/05</b>                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                            | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                                             |                                                                              |
| <b>Make Check Payable to:</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br>RILEY, AMY<br>9240 SW 72ND STREET, SUITE #216<br>MIAMI FL 33173       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | PRESIDENT<br>LABOY, RAFAEL E.<br>11978 SW 81 STREET<br>MIAMI, FL. 33183                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T<br>FERNANDEZ, JORGE<br>9240 SW 72ND STREET, SUITE #216<br>MIAMI FL 33173 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | SECRETARY/TREASURER<br>UTSET, GEORGE E.<br>8061 SW 119 COURT<br>MIAMI, FL. 33183                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V<br>PORTELLA, CARLOS<br>9240 SW 72ND STREET, SUITE #216<br>MIAMI FL 33173 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | DIRECTOR<br>MCGINLEY, DENNIS<br>8142 SW 119 COURT<br>MIAMI, FL. 33183                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S<br>RITCHER, ERWIN<br>9240 SW 72ND STREET, SUITE #216<br>MIAMI FL 33173   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | DIRECTOR<br>GONZALEZ, ISABEL<br>11986 SW 81 STREET<br>MIAMI, FL. 33183                                                                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D<br>YANNUCCI, DOUG<br>9240 SW 72ND STREET, SUITE #216<br>MIAMI FL 33173   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| <b>12. 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 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 authority, like empowered.</b> |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                     |                                                                            | DATE <b>3/28/2005</b>                                                                                                                                                                                                    |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                     |                                                                            |                                                                                                                                                                                                                          |                                                                              |

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