

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 005 ****61.25

DOCUMENT # N01000005689					
1. Entity Name MYSTIC FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 300 ARAGON AVE. SUITE 210 MIAMI, FL 33134			Mailing Address 300 ARAGON AVE. SUITE 210 MIAMI, FL 33134		
2. Principal Place of Business 11901 SW 81 Lane			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL.			City & State		
Zip 33183		Country USA		4. FEI Number 01-0575382	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, P.A., JUAN A. 10251 SUNSET DRIVE # A 106 FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name: ROSA DELA CANARA, ESQ. Street Address (P.O. Box Number if Not Acceptable): BECKER & FOUNTOFF, PA City: 121 ALHAMBRA PLAZA City: Coral Gables FL Zip Code: 33134	
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: <i>Rosa Dela Canara</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LABOY, RAFAEL E. 11978 SW 81 STREET MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER VALDES, JORGE 11987 SW 81 LANE MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete UTSET, GEORGE E. 8061 SW 119 COURT MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY GONZALEZ, ISABEL 11986 SW 81 STREET MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCGINLEY, DENNIS 8142 SW 119 COURT MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR PORTER, CARLOS 11929 SW 81 ST. MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GONZALEZ, ISABEL 11986 SW 81 STREET MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <i>Rosa Dela Canara</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #:					

60009722



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number 01-0575382 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name ROSA DELA CANARA, ESQ.
Street Address (P.O. Box Number if Not Acceptable) BECKER & FOUNTOFF, PA
City 121 ALHAMBRA PLAZA
City Coral Gables FL Zip Code 33134

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.

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Filing Fee is \$61.25
Due by May 1, 2006

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10. OFFICERS AND DIRECTORS

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NAME LABOY, RAFAEL E.
STREET ADDRESS 11978 SW 81 STREET
CITY-ST-ZIP MIAMI, FL 33183

TITLE ST
NAME UTSET, GEORGE E.
STREET ADDRESS 8061 SW 119 COURT
CITY-ST-ZIP MIAMI, FL 33183

TITLE D
NAME MCGINLEY, DENNIS
STREET ADDRESS 8142 SW 119 COURT
CITY-ST-ZIP MIAMI, FL 33183

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NAME GONZALEZ, ISABEL
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