

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005689

FILED
Apr 20, 2009
Secretary of State

Entity Name: MYSTIC FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

300 ARAGON AVE
210
CORAL GABLES FL, FL 33134

New Principal Place of Business:

300 ARAGON AVE
210
CORAL GABLES, FL 33134

Current Mailing Address:

300 ARAGON AVE
210
CORAL GABLES FL, FL 33134

New Mailing Address:

300 ARAGON AVE
210
CORAL GABLES, FL 33134

FEI Number: 01-0575382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, P.A., JUAN A.
10251 SUNSET DRIVE
A 106
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF
121 ALHAMBRA PLAZA
10TH. FLOOR
CORAL GABLES, FL 33134 US

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: BECKER & POLIAKOFF

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABOY, RAFAEL E.
Address: 11978 SW 81 STREET
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: GONZALEZ, ISABEL
Address: 11986 SW 81 STREET
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: ALONSO, ANTONIO
Address: 8091 SW 119 CT.
City-St-Zip: MIAMI, FL 33183

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALONSO, ANTONIO
Address: 8091 SW 119 COURT
City-St-Zip: MIAMI, FL 33183

Title: S (X) Change () Addition
Name: UTSET, GEORGE
Address: 8061 SW 119 COURT
City-St-Zip: MIAMI, FL 33183

Title: T () Change (X) Addition
Name: REBOLLAR, CESAR
Address: 8161 SW 119 COURT
City-St-Zip: MIAMI, FL 33183

Title: D () Change (X) Addition
Name: CHACON, EDGAR
Address: 8054 SW 119 PLACE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAFAEL LABOY

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date