

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005689

**Entity Name:** MYSTIC FOREST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3934 SW 8TH STREET  
303  
CORAL GABLES, FL 33134**Current Mailing Address:**3934 SW 8TH STREET  
303  
CORAL GABLES, FL 33134 US**FEI Number: 01-0575382****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MATTHEW ESTEVEZ, P.A.  
9600 NW 25TH STREET, STE 2A  
DORAL, FL 33172 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP, TREASURER
Name	TOLEDO, PATRICIA
Address	3934 SW 8TH STREET 303
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	VALDES, ALMA
Address	3934 SW 8TH STREET 303
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	PALOMINO, GRACE M
Address	3934 SW 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	FRANCO, VALENTINA
Address	3934 SW 8TH STREET 303
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	DE JONGH, CATHERINE ADELE
Address	3934 SW 8TH STREET 303
City-State-Zip:	CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: ALMA VALDES****PRESIDENT****04/05/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date