

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90267 037 ****61.25

DOCUMENT # 754646

1. Entity Name

MYSTIC WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 180095
CASSELBERRY FL 32718-0095

Mailing Address

P.O. BOX 180095
CASSELBERRY FL 32718-0095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2961662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GESSO, RICK
502 WOODFIRE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GESSO, RICK
STREET ADDRESS 502 WOODFIRE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE TD ☐ Delete
NAME CARROLL, ELISABETH
STREET ADDRESS 542 WOODFIRE WAY
CITY-ST-ZIP CASSELBERRY FL

TITLE D ☐ Delete
NAME CALDWELL, JOHN
STREET ADDRESS 550 MYSTIC WOOD WAY
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE SD ☐ Delete
NAME URBAN, JAN
STREET ADDRESS 602 WOODFIRE WAY
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE VP ☐ Delete
NAME DENTON, ANN
STREET ADDRESS 544 WOODFIRE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☒ Delete
NAME BURNS, JAN
STREET ADDRESS 513 WOODFIRE
CITY-ST-ZIP CASSELBERRY FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Signature, typed or printed name of signing officer or director

3/15/06