

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754646

FILED
Mar 14, 2011
Secretary of State

Entity Name: MYSTIC WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

535 MYSTIC WOOD ST
CASSELBERRY, FL 327070095 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180095
CASSELBERRY, FL 327180095 US

New Mailing Address:

FEI Number: 59-2961662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDWELL, JOHN
550 MYSTIC WOOD ST
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: DEDREL, PAT
Address: 551 MYSTIC WOODS ST
City-St-Zip: CASSELBERRY, FL 327070095 US

Title: SEC
Name: RATCLIFF, MARVIN
Address: 600 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 327180095 US

Title: D
Name: TREMAINE, MICHELLE
Address: 537 MYSTIC WOOD WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: TR
Name: HODSON, GAIL
Address: 535 MYSTIC WOODS ST
City-St-Zip: CASSELBERRY, FL 327070095 US

Title: D
Name: DENTON, ANN
Address: 544 WOODFIRE
City-St-Zip: CASSELBERRY, FL 32707

Title: PRES
Name: CALDWELL, JOHN
Address: 550 MYSTIC WOOD ST
City-St-Zip: CASSELBERRY, FL 327070095 US

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: GAIL HODSON

TREA

03/14/2011

Electronic Signature of Signing Officer or Director

Date