2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N06000011742

Entity Name: MYSTIC LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 328033276

New Principal Place of Business:

756 AUTUMN GLEN DR
MELBOURNE, FL 32940

Current Mailing Address:

800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 328033276

New Mailing Address:

756 AUTUMN GLEN DR.
MELBOURNE, FL 32940

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO, FL US

Name and Address of New Registered Agent:

PATEL, NIRANJAN S PRES
756 AUTUMN GLEN DR.
MELBOURNE, FL 32940 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: NIRANJAN S PATEL 03/19/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATEL, NIRANJAN S
Address: 756 AUTUMN GLEN DR.
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete
Name: PATEL, SMITA N
Address: 756 AUTUMN GLEN DR.
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete
Name: PATEL, JITENDRA A
Address: 7300 SW 10TH ST.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NIRANJAN S PATEL PRES 03/19/2008
Electronic Signature of Signing Officer or Director Date