

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001107

FILED  
Jun 03, 2008  
Secretary of State

Entity Name: MYSTIC WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

317 MABRY STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

317 MABRY STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

REGAN, PATRICK  
317 MABRY STREET  
TALLAHASSEE, FL 32304 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: PTD ( ) Delete  
Name: REGAN, PATRICK  
Address: 317 MABRY STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPSD ( ) Delete  
Name: REGAN, PAUL  
Address: 2131 HOLLYWOOD BOULEVARD, STE 201  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: REGAN, MARIA GRECO  
Address: 2131 HOLLYWOOD BOULEVARD, STE 201  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: WORTH, CHRISTINE  
Address: 706 N.W. 8TH STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: D ( ) Delete  
Name: WHITE, JACQUELINE  
Address: 56 W 65TH STREET, APT. D  
City-St-Zip: NEW YORK, NY 10023

**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:

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: PATRICK REGAN

Electronic Signature of Signing Officer or Director

PSTD

06/03/2008

\_\_\_\_\_ Date