

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

PSTD

06/03/2008

Electronic Signature of Signing Officer or Director

Date