FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DOCUMENT # **N94000001528 (8)**

1. Corporation Name

MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7801 SADDLEBROOK DR. PORT ST. LUCIE FL 34986	7801 SADDLEBROOK DR. PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:
4. FEI Number: APLIED FOR ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

WARD, MATTHEW
7801 SADDLEBROOK DR.
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	WARD, MATTHEW	12 NAME		
STREET ADDRESS	7801 SADDLEBROOK DR.	13 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☒ Change ☐ Addition
NAME	WARD, DAVID A	22 NAME	DELETED	
STREET ADDRESS	7801 SADDLEBROOK DR.	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	CAREY, DIANE	32 NAME	DELETED	
STREET ADDRESS	7801 SADDLEBROOK DR.	33 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	34 CITY-ST-ZIP		
TITLE		41 TITLE	SD	☐ Change ☒ Addition
NAME		42 NAME	WARD, MICHAEL D	
STREET ADDRESS		43 STREET ADDRESS	7801 SADDLEBROOK DR	
CITY-ST-ZIP		44 CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	WARD, CHRISTOPHER H.	
STREET ADDRESS		53 STREET ADDRESS	7801 SADDLEBROOK DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Matthew H. Ward 4/15/95 407-464-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MATTHEW H. WARD

0030874