

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001528 (8)

1. Corporation Name

MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
2160 Reserve Park Trace
~~7001 SADDLEBROOK DR.~~
PORT ST. LUCIE FL 34986Mailing Address
2160 Reserve Park Trace
~~7001 SADDLEBROOK DR.~~
PORT ST. LUCIE FL 34986-31123. Date Incorporated or Qualified
03/28/19943a. Date of Last Report
07/11/19962. Principal Place of Business
21 2160 Reserve Pk Trace2a. Mailing Address
26 2160 Reserve Pk Trace4. FEI Number
65-0568721Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Port St. Lucie, FL

28 Port St. Lucie, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 34986 25 Country

29 34986 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WARD, MATTHEW~~
~~7001 SADDLEBROOK DR.~~
~~PORT ST. LUCIE FL 34986~~WINGFIELD, T. SCOTT
2160 RESERVE PARK TRACE
PORT ST. LUCIE, FL
3498681 Name
T. SCOTT WINGFIELD82 Street Address (P.O. Box Number is Not Acceptable)
2160 Reserve Park Trace84 City
Port St. Lucie85 Zip Code
FL 34986

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *T. Scott Wingfield*

4-8-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DP~~ ☒ DELETE
NAME ~~WARD, MATTHEW~~
STREET ADDRESS ~~7001 SADDLEBROOK DR.~~
CITY-ST-ZIP ~~PORT ST. LUCIE FL 34986~~1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Nicholas Pepe
1.3 STREET ADDRESS 2160 Reserve Park Trace
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986TITLE ~~SD~~ ☒ DELETE
NAME ~~WARD, MICHAEL D.~~
STREET ADDRESS ~~7001 SADDLEBROOK DR.~~
CITY-ST-ZIP ~~PORT ST. LUCIE FL~~2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Richard D'Loughy
2.3 STREET ADDRESS 2160 Reserve Park Trace
2.4 CITY-ST-ZIP Port St. Lucie, FL 34986TITLE ~~D~~ ☒ DELETE
NAME ~~WARD, CHRISTOPHER H.~~
STREET ADDRESS ~~7001 SADDLEBROOK DRIVE~~
CITY-ST-ZIP ~~PORT ST. LUCIE FL~~3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Eugene Wittschiebe
3.3 STREET ADDRESS 2160 Reserve Park Trace
3.4 CITY-ST-ZIP Port St. Lucie, FL 34986TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE TD ☒ Change ☒ Addition
4.2 NAME Deno Marino
4.3 STREET ADDRESS 2160 Reserve Park Trace
4.4 CITY-ST-ZIP Port St. Lucie, FL 34986TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 address.

CR2E037 (9/96)