FILE NOW: FILING FEE IS $61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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	Mailing Address
2160 RESERVE PK TRACE PORT ST LUCIE FL 34986 US	2160 RESERVE PARK TRACE PORT ST LUCIE FL 34986 US

3. Date Incorporated or Qualified: 03/28/1994

4. FEI Number: 65-0568721 ☐ 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9700 Reserve Blvd.	26 9700 Reserve Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, FL	28 City & State: Port St. Lucie, FL
24 Zip: 34986 25 Country: US	29 Zip: 34986 30 Country: US

9. Name and Address of Current Registered Agent

WINGFIELD, T SCOTT
2160 RESERVE PARK TRACE
PORT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name: Wingfield, T. Scott
82 Street Address (P.O. Box Number is Not Acceptable): 9700 Reserve Blvd.
83
84 City: Port St. Lucie FL 85 Zip Code: 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: [signature] T. Scott Wingfield DATE: 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEPE, NICHOLAS 2160 RESERVE PARK TRACE PORT ST LUCIE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V Montanino, Stephen 7234 Mystic Way Port St. Lucie, Fl 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D'LOUGHY, RICHARD 2160 RESERVE PARK TRACE PORT ST LUCIE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Deering, Daniel 7233 Mystic Way Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WITTSCHIEBE, EUGENE 2160 RESERVE PARK TRACE PORT ST LUCIE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Jones, Robert 7226 Mystic Way Port St. Lucie, Fl 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARINO, DENO 2160 RESERVE PARK TRACE PORT ST LUCIE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Culkin, Gerald 7312 Mystic Way Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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.

SIGNATURE: [signature] Nicholas Pepe 4/27/98 941-467-1503

CR2E037 (10/97)