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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001528**

1. Corporation Name
MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9700 RESERVE BLVD PORT ST LUCIE FL 34986 US	9700 RESERVE BLVD PORT ST LUCIE FL 34986 US

2. Principal Place of Business
21 2170 Reserve Park Tr
22 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, FL
24 Zip: 34986 25 Country: USA

2a. Mailing Address
26 2170 Reserve Park Tr.
27 Suite, Apt. #, etc.
28 City & State: Port St. Lucie, FL
29 Zip: 34986 30 Country: USA

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

9. Name and Address of Current Registered Agent

WINGFIELD, T S
9700 RESERVE BLVD
PORT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name: Stephen J. Jara
82 Street Address (P.O. Box Number is Not Acceptable): 2170 Reserve Park Trace
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 _____ DATE
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	SD CAROL ZUMPANO 7302 MYSTIC WAY PORT ST LUCIE FL 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEERING, DANIEL 7233 MYSTIC WAY PORT ST LUCIE FL 34986	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD 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 WILLIAM STAVROS 7308 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 WILBUR SOUTHARD 7230 MYSTIC WAY PORT ST LUCIE FL 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULKIN, GERALD 7312 MYSTIC WAY PORT ST LUCIE FL 34986	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD CULKIN, GERALD 7312 MYSTIC WAY PORT ST LUCIE FL 34986	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, ROBERT 7226 MYSTIC WAY PORT ST LUCIE FL 34986	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D NANCY BURNS 7232 MYSTIC WAY PORT ST LUCIE FL 34986	☐ Change ☑ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Gerald Culkin GERALD CULKIN PD 4/19/99 561-459-0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #