2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9400001528 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC. 05-08-2000 90184 021 ****61.25 Principal Place of Business Mailing Address 2170 RESERVE PARK TR 2170 RESERVE PARK TR PORT ST LUCIE FL 34986 PORT ST LUCIE FL 34986 2. Principal Place of Business 3. Mailing Address 7312 MYSTIC WAY 7312 MYSTIC WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FFt Number PORT ST LUCIE 20RT ST LUC IE 65-0568721 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 34986 34986 Fee Required VS v S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERALL CULKIN Street Address (P.O. Box Number is Not Acceptable) JARA, STEPHEN J 7312 MYSTIC WAS 2170 RESERVE PARK TRACE PORT ST LUCIE FL 34986 γοατ LUCIE 8. 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change **X** Addition TITLE TITLE Delete JAMES COOPER NAME NAME ZUMPANO, CAROL MYSTIC WAY STREET ADDRESS STREET ADDRESS 7302 MYSTIC WAY CITY-ST-ZIP ST. LUCIE FL 34986 CITY-ST-7IP PORT ST LUCIE FL 34986 ☐ Addition ☐ Delete TITLE TITLE ٧D NAME NAME DEERING, DANIEL STREET ADDRESS STREET ADDRESS 7233 MYSTIC WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Chande ☐ Addition TITLE TITLE Delete NAME NAME STAVROS, WILLIAM STREET ADDRESS STREET ADDRESS 7308 MYSTIC WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Addition **Change** TITLE TD ☐ Delete TITLE MARINO DENO NAME NAME MARINO, DENO MYSTIC WAY 7216 STREET ADDRESS STREET ADDRESS 2160 RESERVE PARK TRACE ST LUCIE FL 34986 CITY-ST-ZIP 70RT CITY-ST-ZIP PORT ST LUCIE FL ☐ Addition Change TITLE ☐ Delete TITLE NAME CULKIN, GERALD STREET ADDRESS STREET ADDRESS 7312 MYSTIC WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Delete TITLE Change ☐ Addition TITLE NAME **BURNS, NANCY** NAME STREET ADDRESS STREET ADDRESS 7232 MYSTIC WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST_LUCIE_FL 34986 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

WEEDGERALD

SIGNATURE: