

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90292 038 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                     |                                                                   |                                                                                                                                                                         |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000001528</b><br>1. Entity Name<br><b>MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                     |                                                                   |                                                                                        |                                                                              |
| Principal Place of Business<br>7313 MYSTIC WAY<br>PORT ST LUCIE, FL 34986 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                     | Mailing Address<br>PO BOX 880234<br>PORT SAINT LUCIE, FL 34988 US |                                                                                                                                                                         |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                   | 20015063<br>                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | City & State                                                                                                        |                                                                   | 4. FEI Number<br><b>65-0568721</b>                                                                                                                                      |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | Country                                                                                                             |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>COOPER, JAMES L</b><br><b>7313 MYSTIC WAY</b><br><b>PORT SAINT LUCIE, FL 34986</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                                     |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                              |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                                     |                                                                   |                                                                                                                                                                         |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                                     |                                                                   |                                                                                                                                                                         |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                            |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |                                                                                                                                                                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>OWEN, BARBARA<br>7227 MYSTIC WAY<br>PORT SAINT LUCIE, FL 34986 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>McCANTS, TOM<br>7214 MYSTIC WAY<br>PORT SAINT LUCIE, FL 34986                                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVP<br>SIMONS, ROBERT<br>7224 MYSTIC WAY<br>PORT ST LUCIE, FL 34986  | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>MARINO, DENO R<br>7316 MYSTIC WAY<br>PORT ST LUCIE, FL 34986   | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PEPE, NICK<br>7314 MYSTIC WAY<br>PORT SAINT LUCIE, FL 34986     | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CARTY, JACK<br>7200 MYSTIC WAY<br>PORT ST LUCIE, FL 34986       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>COOPER, JAMES<br>7313 MYSTIC WAY<br>PORT SAINT LUCIE, FL 34986 | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                              |
| 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. |                                                                      |                                                                                                                     |                                                                   |                                                                                                                                                                         |                                                                              |
| <b>SIGNATURE:</b> <i>Deno R. Marino</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     | 2/25/2005 772-464-6648                                            |                                                                                                                                                                         |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>DENO R. MARINO - TREASURER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     | Date Daytime Phone #                                              |                                                                                                                                                                         |                                                                              |