2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# N94000001528

Entity Name: MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

584 NW UNIVERSITY BLVD
STE 703
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

7313 MYSTIC WAY
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

584 NW UNIVERSITY BLVD
STE 703
PORT ST LUCIE, FL 34986 US

New Mailing Address:

7313 MYSTIC WAY
PORT ST LUCIE, FL 34986 US

FEI Number: 65-0568721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
759 SOUTH FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PEPE, NICK
Address: 7314 E MYSTIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: SWEET, TERRY
Address: 7221 W MYSTIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD
Name: MARINO, DENO
Address: 7316 MYSTIC WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: P
Name: COOPER, JIM
Address: 7313 MYSTIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: DOUGLASS, ANN
Address: 7318 E MYSTIC WAY
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM COOPER P 03/21/2011

Electronic Signature of Signing Officer or Director Date