2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90121 021 ****61.25

DOCUMENT # N94000001528

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

Principal Place of Business	Mailing Address
7312 MYSTIC WAY PORT ST LUCIE FL 34986 US	7312 MYSTIC WAY PORT ST LUCIE FL 34986 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7313 MYSTIC WAY	P.O. BOX 880234
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL	City & State: PORT ST. LUCIE, FL.
Zip: 34986 Country: USA	Zip: 34988 Country: USA

4. FEI Number 65-0568721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULKIN, GERALD T 7312 MYSTIC WAY PORT ST LUCIE FL 34986	Name: COOPER, JAMES L. Street Address (P.O. Box Number is Not Acceptable): 7313 MYSTIC WAY City: PORT ST. LUCIE FL Zip Code: 34986

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 _____ JAMES L. COOPER - PRESIDENT 3-3-03
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OWEN, BARBARA 7227 MYSTIC WAY PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER + DIRECTOR DENO R. MARINO 7316 MYSTIC WAY PORT ST. LUCIE FL. 34986 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONS, ROBERT 7224 MYSTIC WAY PORT ST LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR + VICE PRES. WILBUR L. SOUTHARD 7230 MYSTIC WAY PORT ST. LUCIE, FL. 34986 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAVROS, WILLIAM 7308 MYSTIC WAY PORT ST LUCIE FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THOMAS J. McCANTS 7214 MYSTIC WAY PORT ST. LUCIE, FL, 34986 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEPE, NICK 7314 MYSTIC WAY PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULKIN, GERALD 7312 MYSTIC WAY PORT ST LUCIE FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COOPER, JAMES 7313 MYSTIC WAY PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + DIRECTOR ☒ Change ☐ 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.

SIGNATURE: _____ 2/27/03 772-489-8892
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE DAYTIME TELEPHONE NUMBER

CR2E037 (10/02)