

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002463

1. Entity Name

MACKERY WOODS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

**89 PAMALA PLACE
C/O CHARLES CHAFIN
SOPCHOPPY FL 32358**

Mailing Address

**89 PAMALA PLACE
C/O CHARLES CHAFIN
SOPCHOPPY FL 32358**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

**CHAFIN, CHARLES C
89 PAMELA PLACE
SOPCHOPPY FL 32358**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due By May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROCCO, LOUIS	
STREET ADDRESS	2313 OHBAH NENE	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAFF, HOUSTON	
STREET ADDRESS	854 AARON RD.	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAFIN, PAMELA	
STREET ADDRESS	89 PAMELA PL	
CITY - ST - ZIP	SOPCHOPPY FL 32358	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DESHIRLIA, KATHRYN	
STREET ADDRESS	2886 COASTAL HWY	
CITY - ST - ZIP	CRAWFORDVILLE FL 32327	
TITLE	SA	<input type="checkbox"/> Delete
NAME	JAMES, KAREN	
STREET ADDRESS	14 PAMELA PLACE	
CITY - ST - ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAFIN, CHARLES	
STREET ADDRESS	89 PAMELA PLACE	
CITY - ST - ZIP	SOPCHOPPY FL 32358	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100000310670
CITY - ST - ZIP	04/18/05-80014-003 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela J. Chafin **Pamela J. Chafin** 4-5-05 962-2079