


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002463 1. Entity Name MACKERY WOODS HOMEOWNERS ASSOCIATION INC.	
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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
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCCO, LOUIS 2313 OHBAH NENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAFF, HOUSTON 854 AARON RD. CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAFIN, PAMELA 89 PAMELA PL SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESHIRLIA, KATHRYN 2886 COASTAL HWY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA JAMES, KAREN 14 PAMELA PLACE SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFIN, CHARLES 89 PAMELA PLACE SOPCHOPPY, FL 32358

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04/27/07-80064-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **04-10-07** (850) 962-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #