## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N95000002463

1. Entity Name
MACKERY WOODS HOMEOWNERS ASSOCIATION INC.



Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90026 017 \*\*\*\*61.25

**FILED** 

MUNORLE	VI WOODS HOMEOWNER									
89 PAMALA PLACE 89 C/O CHARLES CHAFIN CA		Mailing Address 89 PAMALA PLACE C/O CHARLES CHAFIN SOPCHOPPY, FL 32358	89 PAMALA PLACE			'I <b>B</b> irr <b>Ba</b> ta <b>Ba</b> ti <b>Sa</b> in i	BBH BAKA KIN GA	1(3 2( TR ()		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008 C	thg-NP	CR2E037 (1	12/06)		
City & State		City & State			4. FEI Number NOT APPL	ICABLE			oplied For	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		75 Add Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Re	gistered Ager	nt		
CHAFIN, CHARLES C			Name	Name						
89 PAMELA PLACE SOPCHOPPY, FL 32358			Street	Street Address (P.O. Box Number is Not Acceptable)						
, and the second se			City					Zip Code	<u> </u>	
			1				FL	•		
8. The above the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office o	or register	ed agent, or both, ir	the State of Flori	da. I am famil	iar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signs	ibire required	when reinstating)	<del>-</del>	DATE		<del></del>	
Filing Fee is \$61.25 9. Election Campaign F					\$5.00 May Be Added to Fees		ke check par			
	Due by May 1, 2008					<u> </u>	la Departme			
TITLE	OFFICERS AND DIF		11.	<del>^</del>	DDITIONS/CHANG	ES TO OFFICERS				
NAME	ROCCO, LOUIS	☐ Delete	TITLE NAME				Ц	Change	☐ Addition	
STREET ADDRESS	2313 OHBAH NENE		STREET ADDRESS	l					İ	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	İ						
TILE	VD	☐ Delete	TITLE	1				Change	Addition	
NAME	TAFF, HOUSTON		NAME					_	i	
STREET ADDRESS	854 AARON RD.		STREET ADDRESS	1					1	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	-		· ·				
TITLE NAME	SD CHAFIN, PAMELA	Delete	TITLE	SD	KY AND	REWS		Change	☐ Addition	
STREET ADDRESS	89 PAMELA PL		NAME STREET ADDRESS	36	PAMELA	PLACE	•			
CITY-ST-ZIP	SOPCHOPPY, LF 32358		CITY-ST-ZIP	SOP	CHOPPY	FL 323	58			
TITLE	TD	Detete	MUE	TD				Change	☐ Addition	
NAME -	DESHIRLIA, KATHRYN		NAME	PAM	ELA CHA AMELA	FIN_		vyc		
STREET ADDRESS	2886 COASTAL HWY		STREET ADDRESS	89	PAMELA	PLACE			ļ	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	SOPC	HOPPY F	~ 3235	8			
TOLE	SA IAMES MADEM	Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	JAMES, KAREN 14 PAMELA PLACE		NAME expect approprie							
CITY-ST-ZIP	SOPCHOPPY, FL. 32358		STREET ADDRESS City-St-Zip							
				<del> </del>		<del></del>				
TITLE	D	☐ ∩elete	TITLE	1				Chance		
TITLE Name	D CHAFIN, CHARLES	☐ Delete	TITLE NAME				ים	Change	Addition	
		☐ Celete	ł				יט	Change	L.] Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CHAFIN, CHARLES		NAME Street adoress City-St-Zip				_	-		

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 all other like empowered.

SIGNATURE:

MATURE AND TYPEDER PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

4-14-08

962-2079