

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002463

FILED
Apr 13, 2009
Secretary of State

Entity Name: MACKERY WOODS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHAFIN, CHARLES C
89 PAMELA PLACE
SOPCHOPPY, FL 32358 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: PD () Delete
Name: ROCCO, LOUIS
Address: 2313 OHBAH NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: TAFF, HOUSTON
Address: 854 AARON RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD () Delete
Name: ANDREWS, VICKY
Address: 55 PAMELA PL
City-St-Zip: SOPCHOPPY, FL 32358

Title: TD () Delete
Name: CHAFIN, PAMELA
Address: 89 PAMELA PL
City-St-Zip: SOPCHOPPY, FL 32358

Title: SA () Delete
Name: JAMES, KAREN
Address: 14 PAMELA PLACE
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: CHAFIN, CHARLES
Address: 89 PAMELA PLACE
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA J. CHAFIN

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date