

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001528

Entity Name: MYSTIC PINES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**Current Mailing Address:**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US**FEI Number:** 65-0568721**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANG MANAGEMENT COMPANY
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US*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:** KEVIN M. CARROLL

04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	MARINO, DENO
Address	7316 MYSTIC WAY
City-State-Zip:	PORT ST LUCIE FL 34986

Title	P
Name	COOPER, JAMES L
Address	7313 MYSTIC WAY
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP
Name	WEINBAUM, CHET
Address	21045 COMMERCIAL TRAIL
City-State-Zip:	BOCA RATON FL 33486

Title	SECRETARY
Name	BAYNE, JOHN
Address	7225 MYSTIC WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	EICHORN, VICKIE
Address	7222 MYSTIC WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SECRETARY
Name	BAYNE, JOHN
Address	7225 MYSTIC WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	DIRECTOR
Name	EICHORN, VICKIE
Address	7222 MYSTIC WAY
City-State-Zip:	PORT ST. LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: DENO MARINO**TREASURER**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date