


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90053 010 ****61.25

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		4. FEI Number NO-T APPLICABLE	
Zip		Country		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			7. Name and Address of New Registered Agent		
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCCO, LOUIS		NAME		
STREET ADDRESS	2313 OHBAH NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOELIKER, ERNIE		NAME	VD	
STREET ADDRESS	77 MACKERY WOODS RD		STREET ADDRESS	HOUSTON TAFF	
CITY-ST-ZIP	SOPCHOPPY FL 32358		CITY-ST-ZIP	854 AARON RD	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Secretary Assistant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAFIN, PAMELA		NAME	Karen James	
STREET ADDRESS	89 PAMELA PL		STREET ADDRESS	14 Pamela Place	
CITY-ST-ZIP	SOPCHOPPY LF 32358		CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESHIRLIA, KATHRYN		NAME	Charles Chafin	
STREET ADDRESS	2886 COASTAL HWY		STREET ADDRESS	89 Pamela place	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Co-vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bob Magann	
STREET ADDRESS			STREET ADDRESS	84 Mackery woods Road	
CITY-ST-ZIP			CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary Assistant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Linda Magann	
STREET ADDRESS			STREET ADDRESS	84 Mackery Woods Road	
CITY-ST-ZIP			CITY-ST-ZIP	Sopchoppy, FL 32358	
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: <i>Pamela J. Chafin</i>		Pamela J. Chafin		4-24-04 902-2079	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	