


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002463</b> 1. Entity Name <b>MACKERY WOODS HOMEOWNERS ASSOCIATION INC.</b>	
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Principal Place of Business <b>89 PAMALA PLACE C/O CHARLES CHAFIN SOPCHOPPY FL 32358</b>	Mailing Address <b>89 PAMALA PLACE C/O CHARLES CHAFIN SOPCHOPPY FL 32358</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>CHAFIN, CHARLES C 89 PAMELA PLACE SOPCHOPPY FL 32358</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ROCCO, LOUIS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2313 OHBAH NENE	NAME	1100000310670
STREET ADDRESS	TALLAHASSEE FL 32301	STREET ADDRESS	04/18/05-80014-003 61.25
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD TAFF, HOUSTON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	854 AARON RD.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CRAWFORDVILLE FL 32327	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD CHAFIN, PAMELA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	89 PAMELA_PL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SOPCHOPPY LF 32358	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD DESHIRLIA, KATHRYN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2886 COASTAL HWY	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CRAWFORDVILLE FL 32327	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SA JAMES, KAREN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 PAMELA PLACE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SOPCHOPPY FL 32358	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHAFIN, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	89 PAMELA PLACE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SOPCHOPPY FL 32358	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Pamela J. Chafin **Pamela J. Chafin** 4-5-05 962-2079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #