


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002463</b>	
1. Entity Name <b>MACKERY WOODS HOMEOWNERS ASSOCIATION INC.</b>	

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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04202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHAFIN, CHARLES C  
89 PAMELA PLACE  
SOPCHOPPY, FL 32358**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11/0000533884  
05/06/06-80140-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCCO, LOUIS 2313 OHBAH NENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAFF, HOUSTON 854 AARON RD. CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAFIN, PAMELA 89 PAMELA PL SOPCHOPPY, LF 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESHIRLIA, KATHRYN 2886 COASTAL HWY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA JAMES, KAREN 14 PAMELA PLACE SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFIN, CHARLES 89 PAMELA PLACE SOPCHOPPY, FL 32358

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IN THIS SPACE**

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: Pamela J Chafin (Sec.) 4-20-06 962-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #