

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002463

FILED
Mar 30, 2011
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
Name: ROCCO, LOUIS
Address: 2313 OHBAH NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD
Name: PAUL ANDREWS
Address: 55 PAMELA PLACE
City-St-Zip: SOPCHOPPY, FL 32358

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

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

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

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

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: PAMELA J. CHAFIN

TD

03/30/2011

Electronic Signature of Signing Officer or Director

Date