

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002463

**Entity Name:** MACKERY WOODS HOMEOWNERS ASSOCIATION INC.

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC3183465073**

**Current Principal Place of Business:**

89 PAMALA PLACE  
C/O CHARLES CHAFIN  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

89 PAMALA PLACE  
C/O CHARLES CHAFIN  
SOPCHOPPY, FL 32358

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHAFIN, CHARLES C  
89 PAMELA PLACE  
SOPCHOPPY, FL 32358 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROCCO, LOUIS  
Address 2313 OHBAH NENE  
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

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

Title D  
Name CHAFIN, CHARLES  
Address 89 PAMELA PLACE  
City-State-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. CHAFN**

**TREASURER**

**04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date