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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N95000002463

Entity Name: MACKERY WOODS HOMEOWNERS ASSOCIATION INC.

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

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

Officer/Director Detail :

Title	PD	Title	SD
Name	CHAFIN, CHARLES CURTIS	Name	AMBER PATTERSON
Address	89 PAMALA PLACE C/O CHARLES CHAFIN SOPCHOPPY FL 32358	Address	97 PAMELA PLACE
City-State-Zip:		City-State-Zip:	SOPCHOPPY FL 32358
T :41 -	TD	Title	SA
Title	TD CHAFIN, PAMELA 89 PAMELA PL	Name	JAMES, KAREN
Name		Address	14 PAMELA PLACE
Address		City-State-Zip:	SOPCHOPPY FL 32358
City-State-Zip:	SOPCHOPPY FL 32358		
T :41 -	D		
Title	D		
Name	CHAFIN, CHARLES		
Address	89 PAMELA PLACE		
City-State-Zip:	SOPCHOPPY FL 32358		

Date

Certificate of Status Desired: No

TREASURER