

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002463

Entity Name: MACKERY WOODS HOMEOWNERS ASSOCIATION INC.

FILED
Mar 18, 2023
Secretary of State
5154034196CC

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: 90-1888207

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 VP
Name CAVALLARO, GIGI
Address 84 MACKERY WOODS RD
City-State-Zip: SOPCHOPPY FL 32358

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

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

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

Title SECRETARY
Name SUZANNE, RUSSELL
Address 97 PAMELA PL
City-State-Zip: SOPCHOPPY FL 32358

Title TREASURER ASSISTANT
Name PERINA, LORI
Address 1920 PINE BAY DR
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY ASSISTANT
Name MARTIN, CHRIS
Address 231 EMERALD ACRES DR
City-State-Zip: CRAWFORDVILLE FL 32327

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

PRESIDENT

03/18/2023

Electronic Signature of Signing Officer/Director Detail

Date