# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N95000002463

#### DODUMENT# 1135000002403

## 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: 90-1888207

## Name and Address of Current Registered Agent:

CHAFIN, CHARLES C 89 PAMELA PLACE SOPCHOPPY, FL 32358 US Certificate of Status Desired: No

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	VP	Title	TD
Name	CAVALLARO, GIGI	Name	GOODREAU, NELSON
Address	84 MACKERY WOODS RD	Address	14 PAMELA PLACE
City-State-Zip:	SOPCHOPPY FL 32358	City-State-Zip:	SOPCHOPPY FL 32358
Title	D	Title	PRESIDENT
	-	Name	CHAFIN, PAMELA
Name	CHAFIN, CHARLES	Name	CHAFIN, FAMELA
Address	89 PAMELA PLACE	Address	89 PAMELA PL
City-State-Zip:	SOPCHOPPY FL 32358	City-State-Zip:	SOPCHOPPY FL 32358
		<b>T</b> :0 -	
Title	SECRETARY	Title	TREASURER ASSISTANT
Name	LYNETTE, GRAY	Name	PERINA, LORI
Address	100 MACKERY WOODS RD	Address	1920 PINE BAY DR
City-State-Zip:	SOPCHOPPY FL 32358	City-State-Zip:	LAKE MARY FL 32746

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

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 01, 2024 Secretary of State 2756103050CC