

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002463 (6)
 1. Corporation Name
 MACKERY WOODS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business: 89 PAMALA PLACE, C/O CHARLES CHAFIN, SOPCHOPPY FL 32358
 Mailing Address: 89 PAMALA PLACE, C/O CHARLES CHAFIN, SOPCHOPPY FL 32358

3. Date Incorporated or Qualified: 05/23/1995
 4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Sulte, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 CHAFIN, CHARLES C
~~RT. 1, BOX 376~~
 89 PAMALA PLACE
 SOPCHOPPY FL 32358

10. Name and Address of New Registered Agent (81-84) and 85. Zip Code: FL

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROCCO, LOUIS	
STREET ADDRESS	2313 OHBAH NENE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KENDRICK, BARNES R SR.	
STREET ADDRESS	84 MACKERY WOODS DR.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CARROL, IVANHOE	
STREET ADDRESS	97 PAMALA PL.	
CITY-ST-ZIP	SOPCHOPPY LF 32358	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAFIN, CHARLES C	
STREET ADDRESS	89 PAMALA PLACE	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Pamela J. Chafin	
STREET ADDRESS	89 Pamela Pl.	
CITY-ST-ZIP	Sopchoppy, FL 32358	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Ernie Koelliker	
STREET ADDRESS	Sopchoppy, FL 32358	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ernie Koelliker	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Sopchoppy, FL 32358	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pamela Chafin	
3.3 STREET ADDRESS	89 Pamela Pl.	
3.4 CITY-ST-ZIP	Sopchoppy, FL 32358	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela J. Chafin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Pamela J. Chafin
 Date: 8/9/98
 Daytime Phone #: 962-2079

CR2E037 (5/98)