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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002463

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/23/1995	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CHAFIN, CHARLES C RT-1, BOX 576 89 PAMALA PLACE SOPCHOPPY FL 32358	10. Name and Address of New Registered Agent 81 Name Chafin, Charles C. 82 Street Address (P.O. Box Number is Not Acceptable) 89 Pamela Place 83 84 City Sopchoppy FL 85 Zip Code 32358
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROCCO, LOUIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, LOUIS	1.2 NAME	
STREET ADDRESS	2313 OHBAH NENE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOELLIKER, ERNIE	2.2 NAME	
STREET ADDRESS	84 MACKERY WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFIN, PAMELA	3.2 NAME	
STREET ADDRESS	89 PAMELA PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY LF 32358	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFIN, CHARLES C	4.2 NAME	
STREET ADDRESS	89 PAMALA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Pamela Chafin **SIGNATURE REQUIRED** Date: 2/24/99 Daytime Phone #: 962-2079

CR2E037 (1/98)