

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90047 049 ****61.25

DOCUMENT # N95000002463

1. Entity Name

MACKERY WOODS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

**89 PAMALA PLACE
 C/O CHARLES CHAFIN
 SOPCHOPPY FL 32358**

**89 PAMALA PLACE
 C/O CHARLES CHAFIN
 SOPCHOPPY FL 32358-1221**

110018000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAFIN, CHARLES C
 89 PAMELA PLACE
 SOPCHOPPY FL 32358**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Charles C Chafin

Signature, typed or printed name of registered agent and title (Applicable).

(NOTE: Registered Agent signature required when reinstating)

4-8-00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD**
ROCCO, LOUIS
 STREET ADDRESS **2313 OHBAH NENE**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
KOELLIKER, ERNIE
 STREET ADDRESS **77 MACKERY WOODS DR. RD.**
 CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE Change Addition
 NAME
 STREET ADDRESS **77 Mackery Woods Rd.**
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
CHAFIN, PAMELA
 STREET ADDRESS **89 PAMELA PL**
 CITY-ST-ZIP **SOPCHOPPY LF 32358**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
CHAFIN, CHARLES C
 STREET ADDRESS **89 PAMALA PLACE**
 CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles C Chafin
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-00

Date

962-2679

Daytime Phone #

CR2E037 (9/99)