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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N47487 (6)

1. Corporation Name
MISTY MEADOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 415 29TH COURT S.W. VERO BEACH FL 32968
Mailing Address: 415 29TH COURT S.W. VERO BEACH FL 32968-3294

3. Date Incorporated or Qualified: 02/20/1992
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business: 21 380 29th CT. S.W.
2a. Mailing Address: 26 380 29th CT. S.W.

4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Vero Beach, FL
28 Vero Beach, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 32968
Country: 25 INDIAN RIVER
29 32968
Country: 30 INDIAN RIVER

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ELLIOTT, DANIEL D SR.
415 29TH COURT S.W.
VERO BEACH FL 32968

10. Name and Address of New Registered Agent
81 Name: MAYS, ANNE
82 Street Address (P.O. Box Number is Not Acceptable): 380 29th CT. S.W.
83
84 City: Vero Beach, FL
85 Zip Code: 32968

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: *Anne Mays* ANNE MAYS President DATE: 4-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ELLIOTT, DANIEL D | |
| STREET ADDRESS | 415 29TH COURT S.W. | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAYS, ANNE | |
| STREET ADDRESS | 380 29TH COURT S.W. | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, CINDY | |
| STREET ADDRESS | 365 29TH COURT S.W. | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MULANAX, Rich | |
| 1.3 STREET ADDRESS | 450 29th CT. S.W. | |
| 1.4 CITY-ST-ZIP | VERO BEACH, FL 32968 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SHAFER, KATHY | |
| 2.3 STREET ADDRESS | 465 29th CT. S.W. | |
| 2.4 CITY-ST-ZIP | VERO BEACH, FL 32968 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Anne Mays* ANNE MAYS DATE: 4-23-97 (561)569-9609
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0021044

CR2E037 (9/96)