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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47487 (6)
 1. Corporation Name
MISTY MEADOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 380 29TH CT. S.W. VERO BEACH FL 32968 US	Mailing Address 380 29TH CT. S.W. VERO BEACH FL 32968 US
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3. Date Incorporated or Qualified 02/20/1992	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 405 29th Ct SW	2a. Mailing Address 28 405 29th Ct SW
Suite, Apt. #, etc. 22 V	Suite, Apt. #, etc. 27
City & State 23 Vero Beach, FL	City & State 28 Vero Beach FL
Zip 24 32968	Country 25 US
Country 29 US	Zip 30 32968

9. Name and Address of Current Registered Agent
**MAYS, ANNE
 380 29TH CT. S.W.
 VERO BEACH FL 32968**

10. Name and Address of New Registered Agent

81 Name Mark Hill	
82 Street Address (P.O. Box Number Is Not Acceptable) 405 29th Ct SW	
83 City Vero Beach, FL	
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: *[Signature]* **MARK HILL, PRESIDENT** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME MULANAX, RICH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 450 29TH CT. S.W.	CITY-ST-ZIP VERO BEACH FL	
TITLE D	NAME MAYS, ANNE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 380 29TH COURT S.W.	CITY-ST-ZIP VERO BEACH FL 32968	
TITLE D	NAME RODRIGUEZ, CINDY	<input type="checkbox"/> DELETE
STREET ADDRESS 365 29TH COURT S.W.	CITY-ST-ZIP VERO BEACH FL 32968	
TITLE D	NAME SHAFFER, KATHY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 465 29TH CT. S.W.	CITY-ST-ZIP VERO BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME LAURIE D'ARCAANGELO	
1.3 STREET ADDRESS 390 29th Ct SW	
1.4 CITY-ST-ZIP Vero Beach, FL 32960	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MARK HILL	
2.3 STREET ADDRESS 405 29th Ct SW	
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 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: *[Signature]* **4/15/98**

CR2E037 (10/97)