2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2002 8:00 am Secretary of State DOCUMENT # **N47487** MISTY MEADOW HOMEOWNERS ASSOCIATION, INC. 04-24-2002 90272 009 ****61.25 Principal Place of Business Mailing Address 370 29TH CT SW 370 29TH CT SW VERO BEACH FL 32968 VERO BEACH FL 32968 US US 2. Principal Place of Business 465 29 CT 5 3. Mailing Address CT 5W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State ドレ NOT APPLICABLE Vero Beac ニレ Veco Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32968 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street-Address (P.O. Box Number is Not Acceptable)-LANYI, DAVID 370 29TH CT SW VERO BEACH FL 32968 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 SERN GIDBENS SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) Addition DP Delete TITLE ☐ Change Richard Wahl NAME Lanyi, David NAME 435 298 CT 5W STREET ADDRESS STREET ADDRESS 370 29TH CT SW Vero Beach CITY-ST-ZIP CITY-ST-ZIP 32968 VERO BEACH FL 32968 Delete TITLE Change Addition TITLE NAME RODRIGUEZ, CINDY NAME STREET ADDRESS 365 29TH CT SW STREET ADDRESS Vero Beach CITY-ST-ZIP CITY-ST-ZIP <u>vero beach FL 32968</u> TITLE Change ☐ Addition TITLE ☐ Delete Gibbons, Sean NAME NAME GIBBONS, SEAN 465 29th CT-500-STREET ADDRESS STREET ADDRESS 465 29TH CT SW CITY-ST-ZIE CITY-ST-ZIP 32968 VERO BEACH FL 32968 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PREQUIRDAVID R. Lanyi

SIGNATURE

4/10/2002