

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008571

FILED
Apr 16, 2004
Secretary of State**Entity Name:** MISTY WOODS OF ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**411 CENTRAL PARK DRIVE
SANFORD, FL 32771**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**Current Mailing Address:**411 CENTRAL PARK DRIVE
SANFORD, FL 32771**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 01-0712330**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DREELE, WAYNE VON
411 CENTRAL PARK DRIVE
SANFORD, FL 32771**Name and Address of New Registered Agent:**HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, SCOTT
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: GREENWALT, TOM
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: DREELE, WAYNE VON
Address: 411 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: SD (X) Delete
Name: WEST, EVELYN
Address: 411 CENTRAL PARK DR.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANN, RICHARD
Address: 1147 BILTSDALE CT
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: BLOODSAW, PAULA
Address: 1113 BENAN CT
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change () Addition
Name: VENNING, JASON
Address: 477 DOMINISH ESTATES DR
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MANN

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date