

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008571

FILED
Mar 21, 2005
Secretary of State

Entity Name: MISTY WOODS OF ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 01-0712330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AUZ, JOSE
Address: 1109 BENAN CT
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: SIRMANS, TONY
Address: 1126 BILTSDALE CT
City-St-Zip: APOPKA, FL 32712

Title: STD (X) Change () Addition
Name: STIEGER, TIFFANY
Address: 543 DOMINISH ESTATES DR
City-St-Zip: APOPKA, FL 32712

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: JOSE AUZ

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date