

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47487

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC5293929270**

**Entity Name:** MISTY MEADOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

355 29TH CT SW  
VERO BEACH, FL 32968

**Current Mailing Address:**

355 29TH CT SW  
VERO BEACH, FL 32968 US

**FEI Number:** 03-4423564

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCCALL, CINDY  
355 29TH COURT SW  
VERO BEACH, FL 32968 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:** CINDY JO MCCALL

04/17/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MCCALL, CINDY  
Address        355 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

Title            TREA  
Name            DAIGLE, ALINE  
Address        375 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

Title            SEC  
Name            CARVELLI, JANE  
Address        445 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

Title            DIR  
Name            LANYI, DAVID  
Address        370 29TH CT SW  
City-State-Zip: VERO BEACH FL 32986

Title            DIRECTOR  
Name            RODRIQUEZ, MARIO  
Address        365 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

Title            DIRECTOR  
Name            MULANAX, RICHARD  
Address        450 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

Title            DIRECTOR  
Name            YAGOJINSKI, GEORGE  
Address        460 29TH CT SW  
City-State-Zip: VERO BEACH FL 32968

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALINE DAIGLE

**TREASURER**

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date