

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733666

FILED
Jan 13, 2009
Secretary of State

Entity Name: PROPERTY OWNERS ASSOCIATION OF MYSTERIOUS WATERS, INC.

Current Principal Place of Business:

2 MYSTERIOUS WATER RD
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

2 MYSTERIOUS WATER RD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2810505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, GEORGE
80 OSPREY CIR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

GOVE, DOUG
83 OSPREY CIR
CRAWFORDVILLE, FL 32327 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: DOUG GOVE

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOVE, DOUGLAS
Address: 83 OSPREY CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HOFFMAN, KATHERINE
Address: 1062 SEMINOLE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: WEAVER, GEORGE
Address: 80 OSPREY CIR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DT () Delete
Name: MILLIANS, FRAN
Address: 91 DOE RUN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DS () Delete
Name: SLAUGHTER, PENNIE
Address: 62 LIMEROCK LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHARDSON, WILLIAM
Address: 94 EAGLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: DP (X) Change () Addition
Name: GOVE, DOUG
Address: 83 OSPREY DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRAN MILLIANS

DT

01/13/2009

Electronic Signature of Signing Officer or Director

Date