

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762791

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** MISTY PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC  
6312 TRAIL BLVD  
NAPLES, FL 34108

**New Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**Current Mailing Address:**

C/O ABILITY MANAGEMENT, INC  
PO BOX 770278  
NAPLES, FL 34107

**New Mailing Address:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number:** 59-2370990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIVELY, DENNIS F  
6312 TRAIL BLVD  
NAPLES, FL 34108 US

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

LIVELY, DENNIS F  
C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 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: DENNIS F. LIVELY

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: JENSEN, RICHARD  
Address: 600 MISTY PINES CIR. #FL04  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: DUPLAA, CELESTE  
Address: 600 MISTY PINES CIRCLE #F201  
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete  
Name: TIMMINS, WILLIAM  
Address: 700 MISTY PINES CIRCLE #G-105  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DENNIS F. LIVELY

MGR

03/31/2009

Electronic Signature of Signing Officer or Director

Date