


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90047 017 \*\*\*\*61.25

<b>DOCUMENT # 762792</b> 1. Entity Name <b>MISTY PINES RECREATION ASSOCIATION, INC.</b>			
Principal Place of Business <b>2685 HORSESHOE DR. S. RESORT MGMT. #215 NAPLES, FL 34104</b>		Mailing Address <b>2685 HORSESHOE DR. SOUTH #215 NAPLES, FL 34104 US</b>	
2. Principal Place of Business - No P.O. Box # <b>C/O Resort + Mgmt. 2685 Horseshoe Dr. S. #215 NAPLES, FL</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>NAPLES, FL</b> Zip <b>34104</b> Country <b>US</b>	
4. FEI Number <b>65-0063389</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		03162007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>WEBER, MARGARETE 1400 MISTY PINES CIR. #202 NAPLES, FL 34105</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, MARGARETE 1400 MISTY PINES CIRCLE #F202 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Weber, Margarette 1400 misty Pines Circle #202 NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEACON, ROBERT 800 MISTY PINES CIRCLE # H 206 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, DICK 600 MISTY PINES CIR. #104 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jensen, Dick 600 misty Pines Circle #104 NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, BECKY 800 MISTYPINES CIR SUITE 102 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Martin, Becky 800 misty Pines Circle #102 NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP UDAS, CALESTE 600 MISTY PINE CIR SUITE 201 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPs Uile, Anna 1400 misty Pines Circle #101 NAPLES, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>Becky Martin</u> <b>BECKY MARTIN, President 4-11-07 239-641-7660</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			