2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# 762792

Entity Name: MISTY PINES RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0063389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, MARGARETE
1400 MISTY PINES CIRCLE #202
NAPLES, FL 34105 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: T
Name: WEBER, MARGARETE
Address: 1400 MISTY PINES CIRCLE #202
City-St-Zip: NAPLES, FL 34105

Title: P
Name: DEACON, ROBERT
Address: 800 MISTY PINES CIRCLE #206
City-St-Zip: NAPLES, FL 34105

Title: S
Name: JENSEN, DICK
Address: 600 MISTY PINES CIRCLE #104
City-St-Zip: NAPLES, FL 34105

Title: D
Name: DUPLAA, CELESTE
Address: 600 MISTY PINES CIRCLE #201
City-St-Zip: NAPLES, FL 34105

Title: VP
Name: NESTER, ANTHONY
Address: 1350 MISTY PINES CIRCLE #104
City-St-Zip: NAPLES, FL 34105

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: RICHARD DEACON P 03/22/2012
Electronic Signature of Signing Officer or Director Date