


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90373 004 ****61.25

DOCUMENT # N04112	
1. Entity Name MISTY COVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business P O BOX 6002 MIRAMAR BEACH, FL 32550 US	Mailing Address P O BOX 6002 MIRAMAR BEACH, FL 32550 US
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50016264



2. Principal Place of Business 114 PALMETTO ST Suite, Apt. #, etc. # 2	3. Mailing Address PO BOX 1895 Suite, Apt. #, etc.
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04172006 Chg-NP CR2E037 (11/05)

City & State DESTIN, FL	City & State DESTIN, FL
Zip 32541	Country OKALOOSA
Zip 32540	Country OKALOOSA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PLEAT, DAVID B ESQUIRE 4477 LEGENDARY DR. DESTIN, FL 32541	7. Name and Address of Agent SeaCoast Association Management 114 Palmetto Street #2 Destin, FL 32541 FL Zip Code
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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   4.20.6
Signature, typed or printed name of registered agent, additlly applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDMAN, ROBERT 41 MISTY COVE UNIT #203 DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLECKI, CERENNA 155 MISTY COVE UNIT 103 DESTIN, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Milt Habeck 82 Misty Cove Lane Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUMENSHINE, JOHN 606 FLORENCE DR PARK RIDGE, IL 60068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STATON, DEWEY 141 MISTY COVE #215 MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pat Hopper 28 Windfield Circle Jackson, TN 38305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEHNER, JUDI 288 ELLIS RD #112 MIRAMAR BEACH, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WALT LEIRER PO BOX 1895 DESTIN, FL 32540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ralph Beeler 1936 Grenada Blvd Knoxville, TN 37922 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE:  Walt Leirer 4/21/06 (850) 830-7717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #