

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04112

FILED
Jan 25, 2009
Secretary of State

Entity Name: MISTY COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

306 ELLIS RD.
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

306 ELLIS RD.
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2604597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEHNER, JUDI
288 ELLIS RD
#112
MIRAMAR BEACH, FL 32550 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: D () Delete
Name: WIDMAN, ROBERT
Address: 41 MISTY COVE UNIT #203
City-St-Zip: DESTIN, FL 32550

Title: P () Delete
Name: BLUMENSHINE, JOHN
Address: 606 FLORENCE DR
City-St-Zip: PARK RIDGE, IL 60068

Title: S () Delete
Name: HOPPER, PAT
Address: 28 WINDFIELD CIR
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: HENDRICKS, ROB
Address: 213 NORTHRIDGE CIRCLE
City-St-Zip: NASHVILLE, TN 37221

Title: T () Delete
Name: BEELER, RALPH
Address: 1936 GRENADA BLVD
City-St-Zip: KNOXVILLE, TN 37922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: KELLY, TERRI
Address: 71 MISTY COVE #207
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP (X) Change () Addition
Name: BELL, STEVE
Address: PO BOX 128465
City-St-Zip: NASHVILLE, TN 37212 84

Title: D (X) Change () Addition
Name: POOLE, BEN
Address: 25 MISTY COVE #117
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: S/T (X) Change () Addition
Name: BEELER, RALPH
Address: 1936 GRENADA BLVD
City-St-Zip: KNOXVILLE, TN 37922

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: TERRI KELLY

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date