

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007390

FILED
Apr 18, 2008
Secretary of State

Entity Name: MISTY OAKS PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

300 COLONIAL CENTER PARKWAY
SUITE 200
LAKE MARY, FL 32756

New Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

300 COLONIAL CENTER PARKWAY
LAKE MARY, FL 32756

New Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 20-5031304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLS, ERIC
300 COLONIAL CENTER PARKWAY
SUITE 200
LAKE MARY, FL 32756 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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: REBECCA FURLOW

04/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLS, ERIC
Address: 300 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY, FL 32756

Title: VP () Delete
Name: ANDERSON, KATIE
Address: 300 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY, FL 32756

Title: SECR () Delete
Name: DRIVER, BEN
Address: 300 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY, FL 32756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JAY
Address: 300 COLONIAL CENTER PARKWAY SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: ANDERSON, KATHERINE
Address: 300 COLONIAL CENTER PARKWAY SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: ST (X) Change () Addition
Name: CAMPBELL, JUSTIN
Address: 300 COLONIAL CENTER PARKWAY SUITE 200
City-St-Zip: LAKE MARY, FL 32746

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: KATHERINE ANDERSON

VP

04/18/2008

Electronic Signature of Signing Officer or Director

Date