


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM  
Secretary of State

DOCUMENT # N12995 1. Entity Name MISTY OAKS OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O MILTON H DIEHL 8150 MISTY OAKS BLVD. SARASOTA, FL 34243-3110 US	Mailing Address C/O MILTON H DIEHL 8150 MISTY OAKS BLVD. SARASOTA, FL 34243-3110 US
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2815020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, STEPHEN W 1205 MANATEE AVENUE WEST BRADENTON, FL 34205
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, G. L 6186 MISTY OAKS DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WERNER, JIM 8165 MISTY OAKS BLVD. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAUGHERTY, PATRICK 8101 MISTY OAKS BLVD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEMILOF, DUKE 8110 MISTY OAKS BLVD. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIEHL, MILTON H 8150 MISTY OAKS BLVD. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000177961  
01/12/05-B0008-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Milton H. Diehl MILTON H. DIEHL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 941-360-1697  
Date Daytime Phone #