

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29923

FILED
Apr 30, 2008
Secretary of State

Entity Name: MISTY OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3500 GATEWAY DRIVE
SUITE 202
POMPANO BEACH, FL 33069

New Principal Place of Business:

NW 100 AVENUE
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

3500 GATEWAY DRIVE
SUITE 202
POMPANO BEACH, FL 33069

New Mailing Address:

P.O. BOX 8463
CORAL SPRINGS, FL 33075

FEI Number: 65-0093773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOLM B. KLEIN
3500 GATEWAY DR #202
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

LION PROPERTY MANAGEMENT, INC
3881 NW 100 AVENUE
CORAL SPRINGS, FL 33065 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: SIMONA ANGELO

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, GARY
Address: 4102 CARRIAGE DR
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: T () Delete
Name: MCMAHON, DENNIS
Address: 4114 CARRIAGE DR.
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VP () Delete
Name: WILLIAMS, ROBERT
Address: 4109 CARRIAGE DRIVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: S () Delete
Name: BRYAR, JEAN
Address: 3500 GATEWAY DR, #202
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Delete
Name: CANDLER, CHARLES III
Address: 4115 CARRIAGE DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: MACHADO, JOSE
Address: 4103 CARRIAGE DR.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: SIMIONA ANGELO

MGR

04/30/2008

Electronic Signature of Signing Officer or Director

Date