2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N32036

Entity Name: MISTY WAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2200 MISTY WAY LANE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2200 MISTY WAY LANE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-2947599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BESSINGER, ORION
2309 EARLY DAWN CIR
MELBOURNE, FL 32935 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: PD ( ) Delete
Name: BESSINGER, ORION D
Address: 2309 EARLY DAWN CIR
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete
Name: BRITT, EVELYN
Address: 2215 BREEZY CIR.
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: POWELL, JOY
Address: 2301 MISTY WAY LN
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: MOORE, JACK
Address: 2221 BREEZY CIR
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete
Name: GIUGLA, JANET
Address: 2295 MISTY WAY LN
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: BARCELO, PAUL
Address: 2241 MISTY WAY LN
City-St-Zip: MELBOURNE, FL 32935

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
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: GLUGLA, JANET
Address: 2295 MISTY WAY LN
City-St-Zip: MELBOURNE, FL 32935

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: ORION BESSINGER PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date