

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 010 ****61.25

DOCUMENT # N36834 1. Entity Name MISTY OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 333 OAK LEAF CIR LAKE MARY, FL 32746 US			Mailing Address 333 OAK LEAF CIRCLE LAKE MARY, FL 32746 SA		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2998506	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOOS, DEBORAH J 311 OAK LEAF CIRCLE LAKE MARY, FL 32746				Name THOMAS GRIMMS Street Address (P.O. Box Number is Not Acceptable) 357 OAK LEAF CIRCLE City LAKE MARY, FL Zip Code 32746	
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 <i>Thomas Grimm</i> SECRETARY DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	Delete	TITLE	P	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOOS, DEBORAH		NAME	RAE TOM	
STREET ADDRESS	311 OAK LEAF CIRCLE		STREET ADDRESS	361 OAK LEAF CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	FRAME, DAVID		NAME		
STREET ADDRESS	307 OAK LEAF CIR		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	T	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SCOTT, THOMAS E		NAME		
STREET ADDRESS	317 OAK LEAF CIR		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	S	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	GRIMMS, THOMAS J		NAME		
STREET ADDRESS	357 OAK LEAF CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	SD	Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ROTHBERG, CHRISTINE		NAME		
STREET ADDRESS	201 LIVE OAK CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	VL	Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	RAE TOM		NAME	FLANAGAN, BILL	
STREET ADDRESS	361 OAK LEAF CIR		STREET ADDRESS	306 OAK LEAF CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other info empowered.					
SIGNATURE: <i>Thomas Grimm</i> THOMAS GRIMMS DATE 4/25/05 407-688-0663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY</small>					