2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N93000005409

Entity Name: MISTY HARBOR AT SILVERLAKES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

19620 PINES BLVD STE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

% PINES PROPERTY MGMT
P.O. BOX 820100
SOUTH FLORIDA, FL 330820100

New Mailing Address:

FEI Number: 65-0494635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 S UNIVERSITY DR #210
PLANTATION, FL 33324 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: DVP ( ) Delete
Name: CASTRO, LOUIS
Address: 17946 SW 10TH LN
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD ( ) Delete
Name: GALATI, NICOLAS
Address: 17907 SW 8TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: ROCA, ANGEL
Address: 1086 SW 180 TERR.
City-St-Zip: PEMBROKE PINES, FL 33029

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

Title: S ( ) Change (X) Addition
Name: RODRIGUEZ, JOE
Address: 17987 SW 8 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

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: NICOLAS GALATI PD 04/24/2009

Electronic Signature of Signing Officer or Director — Date