
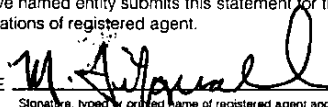
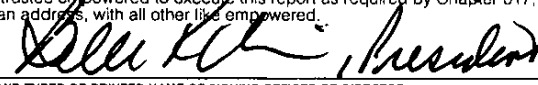


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90067 030 ****61.25

| | | | | | | | |
|--|--|--|--|---|---|--|--|
| DOCUMENT # N95000001195 1. Entity Name MISTY CAY H.O.A., INC. | | | |  | | | |
| Principal Place of Business C/O PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE.- SUITE 101 LAKEWORTH, FL 33463 | | | Mailing Address C/O PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE.- SUITE 101 LAKEWORTH, FL 33463 | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | | Country | | Zip | | | |
| Country | | Country | | 4. FEI Number 65-0655956 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent FLATOW, JERRY P 4000 S 57TH AVE 101 LAKEWORTH, FL 33463 | | | | 7. Name and Address of New Registered Agent Name FITZGERALD, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4000 S 57TH AVE SUITE 101 City LAKEWORTH | | | |
| 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. | | | | FL 33463 | | | |
| SIGNATURE  MICHAEL FITZGERALD LCAP <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 4/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD MIONE, BAL 7595 EDISTO DR LAKEWORTH, FL 33467 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOLLIN, BELLE 7923 HIGHSMITH COURT LAKEWORTH, FL 33457 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MAGNANTI, TONY 7272 BURGESS DR. LAKE WORTH, FL 33467 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PHILLIPS, MARY 7408 EDISTO DRIVE LAKE WORTH, FL 33457 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THOMAS, THOMAS 7594 E DISTO DRIVE LAKE WORTH, FL 33467 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3/T GRIMMEL, JIM 7625 EDISTO DRIVE LAKE WORTH, FL 33457 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  BELLE KOLLIN, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 4/23/07 <small>Date</small> | | | |
| | | | | Daytime Phone # | | | |