2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# N95000001195

Entity Name: MISTY CAY H.O.A., INC.

Current Principal Place of Business:

C/O PROPERTY MANAGEMENT RESOURCES
4000 S. 57TH AVE.- SUITE 101
LAKEWORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT RESOURCES
4000 S. 57TH AVE.- SUITE 101
LAKEWORTH, FL 33463

New Mailing Address:

FEI Number: 65-0655956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT RESOURCES
4000 S 57TH AVE
SUITE 101
LAKEWORTH, FL 33463 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: P ( ) Delete
Name: KOLLIN, BELLE
Address: 7923 HIGHSMITH COURT
City-St-Zip: LAKE WORTH, FL 33457

Title: VP ( ) Delete
Name: PHILLIPS, NANCY
Address: 7408 EDISTO DRIVE
City-St-Zip: LAKE WORTH, FL 33457

Title: ST ( ) Delete
Name: GRIMMEL, JIM
Address: 7625 EDISTO DRIVE
City-St-Zip: LAKE WORTH, FL 33457

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:

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: BELLE KOLLIN P 08/06/2009

Electronic Signature of Signing Officer or Director — Date