

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90046 048 ****61.25

DOCUMENT # N97000001827

1. Entity Name

MISTY II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
642 DORAL LANE MELBOURNE FL 32940 US	642 DORAL LN MELBOURNE FL 32940-7601 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PMB 224 Suite, Apt. #, etc. 1270 N. Wickham Rd, Ste 16 City & State Melbourne FL Zip 32935 Country USA	3. Mailing Address PMB 224 Suite, Apt. #, etc. 1270 N. Wickham Rd, Ste 16 City & State Melbourne, FL Zip 32935 Country USA
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4. FEI Number 59-3451548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STAFFORD, RONALD E 521 WHISPERING PINES CIR MELBOURNE FL 32940	7. Name and Address of New Registered Agent Name Heather Reed Street Address (P.O. Box Number is Not Acceptable) 2217 Whisper Wind Cir. City Melbourne FL Zip Code 32935
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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.

SIGNATURE Heather Reed HEATHER REED 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	STAFFORD, RONALD E <input checked="" type="checkbox"/> Delete	TITLE PD	HEATHER REED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAFFORD, RONALD E	NAME	HEATHER REED
STREET ADDRESS	PO BOX 410247	STREET ADDRESS	PMB 224, 1270 N. WICKHAM RD STE 16
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE VD	RENFRO, ROBERT M <input checked="" type="checkbox"/> Delete	TITLE VD	JOHANN BROCKHAUSEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFRO, ROBERT M	NAME	JOHANN BROCKHAUSEN
STREET ADDRESS	PO BOX 410247	STREET ADDRESS	PMB 224, 1270 N. WICKHAM RD STE 16
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE STD	HAMILTON, NELSON R <input checked="" type="checkbox"/> Delete	TITLE T/D	BETHANY LICHTENWALNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, NELSON R	NAME	BETHANY LICHTENWALNER
STREET ADDRESS	PO BOX 410247	STREET ADDRESS	PMB 224, 1270 N. WICKHAM RD STE 16
CITY-ST-ZIP	MELBOURNE FL 32935	CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	<input type="checkbox"/> Delete	TITLE SD	ROSEMARY VAUGHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROSEMARY VAUGHN
STREET ADDRESS		STREET ADDRESS	PMB 224, 1270 N. WICKHAM RD STE 16
CITY-ST-ZIP		CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: S. Heather Reed RED 5/1/00 321-242-5835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)