

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90037 017 \*\*\*\*61.25

**DOCUMENT # N97000001827**

1. Entity Name

**MISTY II HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PBM 224  
 1270 N WICKHAM RD STE 16  
 MELBOURNE FL 32935  
 US**

**PBM 224  
 1270 N WICKHAM RD STE 16  
 MELBOURNE FL 32935  
 US**

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 **59-3451548**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, STEVEN  
 2306 MISTY WAY LN  
 MELBOURNE FL 32935**

Name **SAME AS block 6**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Steven Johnson* **Steven Johnson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**20 Jan 2002**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, STEVEN</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD STE 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRACHIS, GEORGE</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD STE 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRIS, MARGO</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD STE 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LICHTENWALNER, BETHANY</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD STE 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>ATD</b>	<input type="checkbox"/> Delete
NAME	<b>HOHL, JOYCE</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, MARIAN</b>	
STREET ADDRESS	<b>PMB 224 1270 N WICKHAM RD 16</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<b>TO HOHL JOYCE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Steven Johnson* **STEVEN JOHNSON**

Date **20 Jan 2002** **321 752 5240**

CR2E037 (9/01)