

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90035 041 ****70.00

DOCUMENT # N97000001827

1. Entity Name
MISTY II HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 2390 MISTY WAY LANE
 MELBOURNE, FL 32935 US

Mailing Address
 2390 MISTY WAY LANE
 1270 N WICKHAM RD STE 16
 MELBOURNE, FL 32935 US

54023810



03252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3451548

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CUCCHIARA, PAUL C
 2257 TWILIGHT CIR
 MELBOURNE, FL 32935-1461

7. Name and Address of New Registered Agent
 Name *Newman Marian*
 Street Address (P.O. Box Number is Not Acceptable)
2390 Misty Way Lane
 City *Melbourne* FL Zip Code *32935*

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.

SIGNATURE *[Signature]* **Treasurer** DATE **3-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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 KNOTTS, NOEL 2390 MISTY WAY LANE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>S</i> <i>2390 Misty Way Lane</i> <i>Melbourne, FL 32935</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CUCCHIARA, PAUL C 2390 MISTY WAY LANE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Newman, Marian</i> <i>2390 Misty Way Lane</i> <i>Melbourne, FL 32935</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANK, BEVERLY 2390 MISTY WAY LANE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <i>Starling, Leroy</i> <i>2390 Misty Way Lane</i> <i>Melbourne, FL 32935</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWMAN, MARIAN 2390 MISTY WAY LANE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Budden David</i> <i>2390 Misty Way Lane</i> <i>Melbourne FL 32935</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLMAN, RALPH 2390 MISTY WAY LANE MELBOURNE, FL 32935 <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 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 *[Signature]* **Treasurer** DATE **3-25-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # N97000001827 1. Entity Name MISTY II HOMEOWNERS ASSOCIATION INC.	
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DO NOT WRITE IN THIS SPACE

54023810

2. Principal Place of Business 2390 MISTY WAY LN	3. Mailing Address 2390 MISTY WAY LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32935	Zip 32935
Country	Country

4. FEI Number 59-3451548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	NEWMAN, MARIAN
Street Address (P.O. Box Number is Not Acceptable)	2390 MISTY WAY LN
City	MELBOURNE FL
Zip Code	32935

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.

SIGNATURE <i>Marian Newman</i>	MARIAN NEWMAN	<i>3/24/04</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KVEEN, ROBIN 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, MARIAN 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, LEROY 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODEND, DAVID 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Marian Newman as President</i>	MARIAN NEWMAN	<i>3/24/04</i>	321-757-7785
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

attachment

54023810

NA70000001827

Please note the
enclosed NEW Document
Submission

D. Woodard

(b)(7)(D)

(b)(7)(D)