


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

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90073 028 \*\*\*\*70.00

DOCUMENT # N97000001827	
1. Entity Name MISTY II HOMEOWNERS ASSOCIATION INC.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2390 MISTY WAY LN Suite, Apt. #, etc.	3. Mailing Address 2390 MISTY WAY LN Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MELBOURNE, FL	City & State MELBOURNE, FL	4. FEI Number 59-3451548	Applied For <input type="checkbox"/> Not Applicable
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Zip 32935	Country	Zip 32935	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <u>MARION NEWMAN</u>		
	Street Address (P.O. Box Number is Not Acceptable) 2390 MISTY WAY LN		
	City <u>MELBOURNE</u>	<u>FL</u>	Zip Code <u>32935</u>

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 *Marian Newman* MARIAN NEWMAN 2/14/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> KVEEN, ROBIN 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> NEWMAN, MARION 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> STANLEY, LEROY 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WOODEND, DAVID 2390 MISTY WAY LN MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LICHTENWALNER, BETHNANY 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	

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: *Marian Newman* MARIAN NEWMAN 2/14/05 321-757-7785  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)