

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001827

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** MISTY II HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2390 MISTY WAY LANE  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

2390 MISTY WAY LANE  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 59-3451548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, STEVEN M PRES  
2390 MISTY WAY LANE  
MELBOURNE, FL 32935 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: MR  
Name: JOHNSON, STEVEN M PRES  
Address: 2390 MISTY WAY LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: MS.  
Name: HAROLD, MELINDA L TRES  
Address: 2390 MISTY WAY LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: MS  
Name: SPOONER, DONNA SEC  
Address: 2390 MISTY WAY LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: MS  
Name: MARIAN, NEWMAN VP  
Address: 2390 MISTY WAY LANE  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: MELINDA L HAROLD

TRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date