


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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90131 047 \*\*\*\*70.00

<b>DOCUMENT # N97000001827</b>	
1. Entity Name <b>MISTY II HOMEOWNER'S ASSOCIATION, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

70012704

2. Principal Place of Business <b>2390 MISTY WAY LANE</b>	3. Mailing Address <b>2390 MISTY WAY LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MELBOURNE, FLORIDA</b>	City & State <b>MELBOURNE, FLORIDA</b>	4. FEI Number <b>59-3451548</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip <b>32935</b>	Country <b>U.S.A.</b>	Zip <b>32935</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<b>PAUL C. CUCCHIARA</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>2257 TWILIGHT CIRCLE</b>
City	<b>MELBOURNE</b>
State	<b>FL</b>
Zip Code	<b>32935-1461</b>

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 	<b>PAUL C. CUCCHIARA, V/C/D</b>	<b>01/15/2003</b>
<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>

<b>FEE IS \$61.25 Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<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>P/D KNOTTS, NOEL 2390 MISTY WAY LN MELBOURNE, FL 32935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/C/D PAUL C. CUCCHIARA 2390 MISTY WAY LN MELBOURNE, FL 32935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D BEVERLY FRANK 2390 MISTY WAY LN MELBOURNE, FL 32935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D MARION NEWMAN 2390 MISTY WAY LN MELBOURNE, FL 32935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RALPH TOLMAN 2390 MISTY WAY LN MELBOURNE, FL 32935</b>	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: 	<b>PAUL C. CUCCHIARA, V/C/D</b>	<b>01/15/2003</b>	<b>321 757-8607</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E037B (12/02)