2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N98000002275

Entity Name: MISTY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1017 MISTY HOLLOW LANE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1017 MISTY HOLLOW
TARPON SPRINGS, FL 34688

New Mailing Address:

1017 MISTY HOLLOW LANE
TARPON SPRINGS, FL 34688

FEI Number: 59-3572716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA PAZ, ED DR.
1017 MISTY HOLLOW LANE
TARPON SPRINGS, FL 34688 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: P ( ) Delete
Name: DE LA PAZ, ED DR.
Address: 1017 MISTY HOLLOW
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP (X) Delete
Name: BORDEN, BRUCE
Address: 3363 MISTY POND CT.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S ( ) Delete
Name: HLAD, CAROL
Address: 1070 MISTY HOLLOW LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T ( ) Delete
Name: SHUNK, BONNIE
Address: 3371 MISTY POND CT
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LENTZ, PENNY
Address: 1041 MISTY HOLLOW LANE
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ED DE LA PAZ, D.M.D. P 04/11/2005

Electronic Signature of Signing Officer or Director — Date