2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002275

FILED Feb 16, 2008 Secretary of State

Entity Name: MISTY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3374 MISTY POND CT. 1005 MISTY HOLLOW LN TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688

Current Mailing Address: New Mailing Address:

3374 MISTY POND CT. 1078 MISTY HOLLOW LN TARPON SPRINGS, FL 34688 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: Name and Address of New Registered Agent:

BANNO, GINA

3374 MISTY POND CT

TARPON SPRINGS, FL 34688 US

PARISI, PAT

1005 MISTY HOLLOW LN

TARPON SPRINGS, FL 34688 US

TARPON SPRINGS, FL 34688 US

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: PAT PARISI 02/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 BANNO, GINA
 Name:
 PARISI , PAT

 Address:
 3374 MISTY POND CT
 Address:
 1005 MISTY HOLLOW LN

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: S () Delete Title: S (X) Change () Addition Name: LENTZ, KEVIN Name: LANE, CHERYL

Address: 1041 MISTY HOLLOW LANE Address: 3382 MISTY POND CT
City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: T () Delete Title: T (X) Change () Addition

Name:LENTZ, PENNYName:BRECESE, DEBRAAddress:1041 MISTY HOLLOW LANEAddress:1078 MISTY HOLLOW LANECity-St-Zip:TARPON SPRINGS, FL 34688City-St-Zip:TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAT PARISI P 02/16/2008