

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002275

FILED
Feb 12, 2009
Secretary of State

Entity Name: MISTY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1005 MISTY HOLLOW LN
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1078 MISTY HOLLOW LN
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3572716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARISI, PAT
1005 MISTY HOLLOW LN
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

PARISI, PASQUALE
1005 MISTY HOLLOW LN
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: PASQUALE PARISI

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARISI, PAT
Address: 1005 MISTY HOLLOW LN
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S () Delete
Name: LANE, CHERYL
Address: 3382 MISTY POND CT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T () Delete
Name: BRECESE, DEBRA
Address: 1078 MISTY HOLLOW LANE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PARISI, PASQUALE
Address: 1005 MISTY HOLLOW LN
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SEC (X) Change () Addition
Name: LANE, CHERYL
Address: 3382 MISTY POND CT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TREA (X) Change () Addition
Name: BRECESE, DEBRA
Address: 1078 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 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: DEBRA BRECESE

TREA

02/12/2009

Electronic Signature of Signing Officer or Director

Date