



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005868		
1. Entity Name MISTY MEADOW ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED		
Principal Place of Business 10418 NW 25TH PLACE GAINESVILLE, FL 32606	Mailing Address 10418 NW 25TH PLACE GAINESVILLE, FL 32606	
DO NOT WRITE IN THIS SPACE		
		 02092006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 04-3592751 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARSLAND, SHIRLEY A 10418 NW 25TH PLACE GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSLAND, SHIRLEY A 10418 NW 25TH PLACE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, MAXINE 20208 NW 78TH AVE. ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KR PAN, MARTIN 8417 NW 203 TERRACE ALACHUA, FL 32615	
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 exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Shirley A. Marsland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/21/06</u> <u>(352) 332-7896</u> <small>Date Daytime Phone #</small>