2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2016
Secretary of State
CC8130168412

DOCUMENT# 762791

Entity Name: MISTY PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-2370990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	JENSEN, RICHARD
Address	600 MISTY PINES CIRCLE, #F-104
City-State-Zip:	NAPLES FL 34105

Title	T
Name	SHOAFF, MICHAEL
Address	700 MISTY PINES CIRCLE UNIT# G-203
City-State-Zip:	NAPLES FL 34105

Title	D
Name	MATTHEWS, RUTH
Address	700 MISTY PINES CIRCLE UNIT# 104
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	CAIRNS, CHUCK
Address	700 MISTY PINES CIRCLE UNIT# 106
City-State-Zip:	NAPLES FL 34105

Title	S
Name	CURRAN, BETTY
Address	800 MISTY PINES CIRCLE UNIT# 205
City-State-Zip:	NAPLES FL 34105

I hereby 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 all other like empowered.

SIGNATURE: RICHARD JENSEN PRESIDENT 03/28/2016

Electronic Signature of Signing Officer/Director Detail — Date