

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750774 (2)

1. Corporation Name
TRE MISTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5050 GULF BLVD. C/O DOTTIE WELCH & ASSOC. ST. PETERSBURG FL 33706
Mailing Address: 5050 GULF BLVD. C/O DOTTIE WELCH & ASSOC. ST. PETERSBURG FL 33706

3. Date Incorporated or Qualified: 01/25/1980
3a. Date of Last Report: 04/18/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2121565	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

WELCH, DOROTHY M.
5050 GULF BLVD.
ST. PETERSBURG FL 33706

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD AINS WORTH, CHRISTINE 106-22ND AVENUE ST PETE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD BECKETT, SCOTT 6018 Bayou Grande Blvd. St. Pete, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD HESSON, PATRICIA 5501 RAVEN CT TAMPA FL	<input type="checkbox"/> DELETE	1.2 NAME		
STREET ADDRESS	PD VATH, THOMAS G 6984 SO. SHORE DRIVE SO. PASADENA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Vath, President* 3/9/96 (813)367-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)