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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 750774 (2)

1. Corporation Name
TRE MISTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
5050 GULF BLVD. 5050 GULF BLVD.
C/O DOTTIE WELCH & ASSOC. C/O DOTTIE WELCH & ASSOC.
ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706-2424

3. Date Incorporated or Qualified 01/25/1980 3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address
21 Complete Realty Group, Inc. 26 P.O. Box 2128

4. FEI Number 59-2121565 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 Palm Harbor, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 34682-2128 30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Thomas W. Gaylor
82 Street Address (P.O. Box Number is Not Acceptable) Complete Realty Group, Inc.
83 34844 US 19 North
84 City Palm Harbor FL 85 Zip Code 34684

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 5/15/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | VPD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKETT, SCOTT | 1.2 NAME | |
| STREET ADDRESS | 6018 BAYOU GRANDE BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETE FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HESSON, PATRICIA | 2.2 NAME | |
| STREET ADDRESS | 5501 RAVEN CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | STD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VATH, THOMAS G | 3.2 NAME | WILLIAM M. WELCH |
| STREET ADDRESS | 6984 SO. SHORE DRIVE | 3.3 STREET ADDRESS | 5050 Gulf Blvd. |
| CITY-ST-ZIP | SO. PASADENA FL | 3.4 CITY-ST-ZIP | St. Pete Beach, FL 33706 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PATRICIA HESSON, Pres. DATE: 5/20/97 DAYTIME PHONE # 0050234

CR2E037 (9/96)