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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750774

1. Corporation Name

TRE MISTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5050 GULF BLVD.
COMPLETE REALTY GROUP, INC.
ST. PETERSBURG FL 33706
US

Mailing Address

P.O. BOX 2128
C/O DOTTIE WELCH & ASSOC.
PALM HARBOR FL 34682-2128
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/25/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2121565

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYLOR, THOMAS W
COMPLETE REALTY GROUP, INC.
34844 US 19 NORTH
PALM HARBOR FL 34684

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME BECKETT, SCOTT
STREET ADDRESS 6018 BAYOU GRANDE BLVD
CITY-ST-ZIP ST PETE FL

1.1 TITLE Change Addition
1.2 NAME PD THOMAS W GAYLOR
1.3 STREET ADDRESS 2845-19000th DR
1.4 CITY-ST-ZIP PALM HARBOR FL 34684

TITLE PD DELETE
NAME HESSON, PATRICIA
STREET ADDRESS 5501 RAVEN CT
CITY-ST-ZIP TAMPA FL

2.1 TITLE VPD Change Addition
2.2 NAME STELLY JACKSON
2.3 STREET ADDRESS 9400-4715 N. SUITE 116
2.4 CITY-ST-ZIP ST. PETE, FL 33702

TITLE STD DELETE
NAME WELCH, WILLIAM M
STREET ADDRESS 5050 GULF BLVD
CITY-ST-ZIP ST. PETE BEACH FL

3.1 TITLE STD Change Addition
3.2 NAME WILLIAM GAYLOR
3.3 STREET ADDRESS 9400-4715 N. SUITE 116
3.4 CITY-ST-ZIP ST. PETE, FL 33702

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)