

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:05

DOCUMENT # **751727** (9)  
1. Corporation Name  
**MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
2753 SR 580 SUITE 207 CLEARWATER FL 34621  
2753 SR 580 SUITE 207 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/26/1980</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>59-2169275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**REARDON, MAUREEN C CPM  
2753 SR 580 SUITE 207  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	<b>D</b>
NAME	<b>GRIFFIN, TOM</b>
STREET ADDRESS	<b>2693 SABAL SPRINGS CIRCLE M104</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>WRAY, JIM</b>
STREET ADDRESS	<b>2664 SABAL SPRINGS CIR T102</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b>
NAME	<b>FREUCK, GRACE</b>
STREET ADDRESS	<b>2665 SABAL SPRINGS CIRCLE P105</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b>
NAME	<b>CIOKAN, JOHN</b>
STREET ADDRESS	<b>2666 SABAL SPRINGS CIRCLE S203</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>SD</b>
NAME	<b>DETTY, KATHY</b>
STREET ADDRESS	<b>2664 SABAL SPRINGS CIRCLE T104</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>TD</b>
NAME	<b>MILLS, BUD</b>
STREET ADDRESS	<b>2664 SBAL SPRINGS CIRCLE T108</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KLEIN, BARBARA</b>
1.3 STREET ADDRESS	<b>2665 SABAL SPRINGS CIRCLE P203</b>
1.4 CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROACH, BOB</b>
2.3 STREET ADDRESS	<b>2669 SABAL SPRINGS CIRCLE R201</b>
2.4 CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V/D</b>
3.3 STREET ADDRESS	<b>SPRUNGER, HAROLD</b>
3.4 CITY-ST-ZIP	<b>2663 SABAL SPRINGS CIRCLE M101</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GRACE FREUCK* *Grace Freuck* 2-3-95 796-2410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City/State/Zip)