

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



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

3. Date Incorporated or Qualified: 03/26/1980
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2169275
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 officer 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 re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, BARBARA	
STREET ADDRESS	2665 SABAL SPRINGS CIRCLE P203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, BOB	
STREET ADDRESS	2669 SABAL SPRINGS CIRCLE R201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREUCK, GRACE	
STREET ADDRESS	2665 SABAL SPRINGS CIRCLE P105	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CIOKAN, JOHN	
STREET ADDRESS	2666 SABAL SPRINGS CIRCLE S203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DETTY, KATHY	
STREET ADDRESS	2664 SABAL SPRINGS CIRCLE T104	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLS, BUD	
STREET ADDRESS	2664 SBAL SPRINGS CIRCLE T106	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCAULEY, MARY	
2.3 STREET ADDRESS	2665 SABAL SPRINGS CIRCLE P104	
2.4 CITY-ST-ZIP	CLEARWATER FL 34621	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SPRUNGER, HAROLD	
3.3 STREET ADDRESS	2693 SABAL SPRINGS CIRCLE M101	
3.4 CITY-ST-ZIP	CLEARWATER FL 34621	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURKE, MICHAEL	
4.3 STREET ADDRESS	2664 SABAL SPRINGS CIRCLE T204	
4.4 CITY-ST-ZIP	CLEARWATER FL 34621	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOFFMAN, MARILYN	
5.3 STREET ADDRESS	2667 SABAL SPRINGS CIRCLE Q103	
5.4 CITY-ST-ZIP	CLEARWATER FL 34621	
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: *Harold D Sprunger* 1-19-96 726-8869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HAROLD D SPRUNGER

CR2E037 (12/95)