

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 34621-3345**

3. Date Incorporated or Qualified: **03/26/1980**  
 3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-2169275**  
 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

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 (81-85) fields for Name, Street Address, City, and 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 |  |
|----------------------------|--|
| TITLE                      | <b>VD</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>KLEIN, BARBARA</b>                                |
| STREET ADDRESS             | <b>2665 SABAL SPRINGS CIRCLE P203</b>                |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             |
| NAME                       | <b>MCCAULEY, MARY</b>                                |
| STREET ADDRESS             | <b>2665 SABAL SPRINGS CIRCLE P104</b>                |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                 |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>SPRUNGER, HAROLD</b>                              |
| STREET ADDRESS             | <b>2663 SABAL SPRINGS CIRCLE M101</b>                |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                 |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>BURKE, MICHAEL</b>                                |
| STREET ADDRESS             | <b>2664 SABAL SPRINGS CIRCLE T204</b>                |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                 |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            |
| 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> <input type="checkbox"/> DELETE            |
| NAME                       | <b>MILLS, BUD</b>                                    |
| STREET ADDRESS             | <b>2664 SBAL SPRINGS CIRCLE T106</b>                 |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>HOFFMAN, MARILYN</b>   |
| 1.3 STREET ADDRESS                                    | <b>2667 SABAL SPRINGS CIRCLE #Q103</b>  |
| 1.4 CITY-ST-ZIP                                       | <b>CLEARWATER FL 34621</b>  |
| 2.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 2.2 NAME  | <b>SHARKY, JACK</b>   |
| 2.3 STREET ADDRESS                                    | <b>2667 SABAL SPRINGS CIRCLE #Q202</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>CLEARWATER FL 34621</b>  |
| 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   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 4.2 NAME  | <b>FOX, PHILLIP</b>   |
| 4.3 STREET ADDRESS                                    | <b>2691 SABAL SPRINGS CIRCLE #L101</b>  |
| 4.4 CITY-ST-ZIP                                       | <b>CLEARWATER FL 34621</b>  |
| 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 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: \_\_\_\_\_

CR2E037 (9/96)