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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

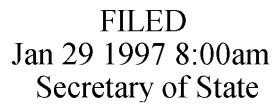
(9)

MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2753 SR 580 SUITE 207





| CLEARWATER FL 34621 | | CLEARWATER FL 346 | CLEARWATER FL 34621-3345 | | | | | |
|---|------------------------------------|--------------------------------------|--------------------------|---|---------------------|---|----------------------------------|-----------------------|
| | | | | | | 3. Date Incorporated or Qualified 03/26/1980 | 3a. Date of Last 01/29/1 | Report 1996 |
| 2. Principal P | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 59-2169275 | 1 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | | | Fee F | Required |
| City & State | 9 | City & State | ⊢ ′ | | | 6. Election Campaign Financing | | O May Be |
| Zip | Country | 28 Zip | | Country | | Trust Fund Contribution | | d to Fees |
| 24 | 25 | — · | 30 | itry | İ | This corporation has liability for Florida Statutes | intangible tax under Yes 🔣 No | s. 199.032, |
| 24 | | 29 of Current Registered Agent | [30] | | | 10. Name and Address of New Re | | |
| | | | | B1 Nar | me | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | giotorou rigorii | |
| DEADIN | | | | | | | | |
| REARDON, MAUREEN C CPM 2753 SR 580 SUITE 207 | | | | 62 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | ATER FL 34621 | | 83 | | | | | |
| VULTUT | INIEN I E 040E I | | | | | | | |
| | | | | 84 City | 1 | | FL 85 Zip | p 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. | | | | | | | | |
| | m tarrinar with, and accep | the obligations of, 360tion 917,030t | s, i ionua siai | Jies. | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | OFF | ICERS AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTO | DRS IN 12 |
| TITLE | VD CV | ▼ DELETE | 1.1 TI | LE | V/ | D | ☐ Change | Addition |
| NAME | Klein, Barbara | | 1.2 N/ | ME | HO | FFMAN, MARILYN | | |
| STREET ADDRESS | 2065 SABAL SPRIN | GS CIRCLE P203 | 1.3 STREET ADDRESS | | | 67 SABAL SPRINGS CI | RCLE #0103 | |
| CITY-ST-ZIP | CLEARWATER FL | | | Y-ST-ZIP | | EARWATER FL 34621 | ` | |
| TITLE | D | DELETE | 2.1 71 | LE | D | | ☐ Change | Addition |
| NAME | l micorage it magni | | | 2.2 NAME | | ARKY, JACK | | |
| STREET ADDRESS | 2665 SABAL SPRING | GS CIRCLE P104 | 2.3 STREET ADDRESS | | ^{.ss} 26 | 67 SABAL SPRINGS CI | RCLE #Q202 | |
| CITY-ST-ZIP | CLEARWATER FL | | | TY-ST-ZIP | | EARWATER FL 34621 | · | |
| TITLE | PD | DELETE | | | | | ☐ Change | Addition |
| NAME | SPRUNGER, HAROL | | 3.2 NA | | | | | |
| STREET ADDRESS | 2693 SABAL SPRIN | 35 CIRCLE MIUI | | reet addre | SS | | | |
| CITY-ST-ZIP TITLE | CLEARWATER FL | DELETE | | TY-ST-ZIP | | | Change | Addition |
| NAME | D BUDYE MICHAEL | Deterie | | | D | V BUYELYB | Change | Addition |
| · . | BURKE, MICHAEL 2664 SABAL SPRIN | SO CIDOLE TOM | 4. 2 N | | | X, PHILLIP | | |
| STREET ADDRESS | | 33 CINCLE 1204 | | REET ADDRE | | 91 SABAL SPRINGS CI | RCLE #L101 | ì |
| CITY-ST-ZIP | <u>Clearwater FL</u> SD | DELETE | | Y-ST-ZIP | | EARWATER FL 34621 | Change | Addition |
| NAME | DETTY, KATHY | | 5.1 NA | | | | L. Shange | Addition |
| STREET ADDRESS | 2064 SABAL SPRIN | SS CIRCLE TIM | | ivie Reet addre | cc | | | ļ |
| CITY-ST-ZIP | CLEARWATER FL | GO ORIOLE 1 107 | | keet addike 'Y-ST- Z IP | .00 | | | |
| TITLE | TD | ☐ DELETE | | | | | Change | Addition |
| NAME | MILLS, BUD | _ DECEN | 6.2 NA | | | | C. Shango | L. Position |
| STREET ADDRESS | 2664 SBAL SPRING | S CIRCLE TING | | ivie Reet addre | :ce | | | |
| • | CLEARWATER FL | O OHOLE FINE | | | .33 | | | |
| CITY-ST-ZIP | AFEAUMAIEU LE | | 6.4 C | Y-ST-ZIP | | | | |

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 trusted rempowered 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 open processing the process of the corporation