

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/26/1980
4. FEI Number 59-2169275
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33761	Country 25
Zip 29 33761	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent REARDON, MAUREEN C CPM 2753 SR 580 SUITE 207 CLEARWATER FL 34621	
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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 33761

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE HOFFMAN, MARILYN 2667 SABAL SPRINGS CIRCLE #Q103 CLEARWATER FL	1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE MCCAULEY, MARY 2665 SABAL SPRINGS CIRCLE P104 CLEARWATER FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE SPRUNGER, HAROLD 2693 SABAL SPRINGS CIRCLE M101 CLEARWATER FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE FOX, PHILLIP 2691 SABAL SPRINGS CIRCLE #L101 CLEARWATER FL	4.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME SHARKY, JACK	
STREET ADDRESS		4.3 STREET ADDRESS 2667 SABAL SPRINGS CIR. #Q202	
CITY-ST-ZIP		4.4 CITY-ST-ZIP CLEARWATER FL 33761	
TITLE SD	<input checked="" type="checkbox"/> DELETE DETTY, KATHY 2664 SABAL SPRINGS CIRCLE T104 CLEARWATER FL	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME ACERNO, MAUREEN	
STREET ADDRESS		5.3 STREET ADDRESS 2663 SABAL SPRINGS CIR. #0206	
CITY-ST-ZIP		5.4 CITY-ST-ZIP CLEARWATER FL 33761	
TITLE TD	<input type="checkbox"/> DELETE MILLS, BUD 2664 SBAL SPRINGS CIRCLE T106 CLEARWATER FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Harold Sprunger* **2-3-98** (813) 796-8869

CRE037 (10/97)