FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90109 005 ****61.25

					•
DOCL	JMENT	#	751	1727	

1. Corporation Name

MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business Mailing Address							
•		279	2753 SR 580 SUITE 207				I SEANT IAAGN DIIGI INDIA 1800 BIRDI ISBN ABAR ARBI ARBI ARBI ARBI ARBIN ARBIN ARBIN ARBIN ARBIN ARBIN ARBIN A
CLEARWATER FL 33761			CLEARWATER FL 33761				
US		US	i				
2. Principal P	lace of Business	2a.	Mailing Address		_		3. Date Incorporated or Qualifed
21		26					03/26/1980
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				4. FEI Number Applied For
22		27	27				59-2169275 Not Applicable
City & Stat	0		City & State				5. Certificate of Status Desired - \$8.75 Additional
23		28					Fee Required
Zip	Country		Zip	ு Countr	У		6. Election Campaign Financing \$5.00 May Be
24	25	29	30	0			Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Regist	ered Agent		_		10. Name and Address of New Registered Agent
				81	'	Name	
REARDON	I, MAUREEN C CPM			82	2	Street Add	dress (P.O. Box Number is Not Acceptable)
2753 SR	580 SUITE 207				_		
CLEARWA	TER FL 34621			8:	3		
				84	4	City	FL 85 Zip Code 33761
•					L	<u> </u>	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida	a. Such change was auth	ionzed by	y tr	-named corp he corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	· · · · · ·						
	Signature, typed or printed name of registered agent a		<u> </u>		ent :	signature require	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIREC	DELETE	13.		- 10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD		□ nere ie	1.1 TITLE		D	
NAME	HOFFMAN, MARILYN	" 0400		1.2 NAME			ARABOS, MARCIA
STREET ADDRESS 2667 SABAL SPRINGS CIRCLE #Q103						664 SABAL SPRINGS CIRCLE #T101	
CITY-ST-ZIP	CLEARWATER FL		C ACI CTE	14 CITY-	ST-	ZIP LL	LEARWATER FL 33761 ☐ Change ☐ Addition
TITLE	D		☐ DELETE	2.1 TITLE		1	Clause Tyddilde
NAME	MCCAULEY, MARY			2.2 NAME			
STREET ADDRESS	2665 SABAL SPRINGS CIRCLE F	P104		2.3 STREE			·
CITY-ST-ZIP	CLEARWATER FL		□ DELEVE	2.4 CITY-	\$T	-ZIP	☐ Change ☐ Addition
TITLE	PD ADDITIONS AND DO		☐ DELETE	3.1 TITLE			
NAME	SPRUNGER, HAROLD	1404		3.2 NAME			
STREET ADDRESS	2693 SABAL SPRINGS CIRCLE I	M101	[3.3 STRE		- 1	
CITY-ST-ZIP	CLEARWATER FL		□ DELETE	3.4. CITY- 4.1 TITLE	\$T-	-ZIP	☐ Change ☐ Addition
TITLE	VD		☐ DEFE IE		_		
NAME	SHARKY, JACK	20		4. 2 NAME			
STREET ADDRESS	2667 SABAL SPRINGS CIR Q20	32		4.3 STREE			
CITY-ST-ZIP	CLEARWATER FL 33761		☐ DELETE	4.4 CITY-1	≾T	<u> </u>	☐ Change ☐ Addition
TITLE	D ACCOMO MALIDEEN		C. VELETE	5.1 IIILE 5.2 NAME			
NAME	ACERNO, MAUREEN 2663 SABAL SPRINGS CIR #02	206		5.3 STREE		ADORESS !	
STREET ADDRESS	ZDOO OMDAL OFFIINGO GIR FU	2 00					

CLEARWATER FL 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 suppliemental 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TD

MILLS, BUD

CITY-ST-ZIP

STREET ADDRESS

TITLE

CLEARWATER FL 33761

2664 SBAL SPRINGS CIRCLE T106

CR2E037 (11/98)

☐ Addition

Change