

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90022 040 \*\*\*\*61.25

**DOCUMENT # 751727**

1. Entity Name

**MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2753 SR 580 SUITE 207  
 CLEARWATER FL 33761  
 US

2753 SR 580 SUITE 207  
 CLEARWATER FL 33761  
 US

U U O U U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2169275**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REARDON, MAUREEN C CPM**  
 2753 SR 580 SUITE 207  
 CLEARWATER FL 34621

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code  
**33761**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD**  Delete  
 NAME: **HOFFMAN, MARILYN**  
 STREET ADDRESS: **2667 SABAL SPRINGS CIRCLE #Q103**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **MCCAULEY, MARY**  
 STREET ADDRESS: **2665 SABAL SPRINGS CIRCLE P104**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **PD**  Delete  
 NAME: **SPRUNGER, HAROLD**  
 STREET ADDRESS: **2693 SABAL SPRINGS CIRCLE M101**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **P/D**  Change  Addition  
 NAME: **RAPONI, LAWRENCE**  
 STREET ADDRESS: **2664 SABAL SPRINGS CIRCLE T-203**  
 CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE: **VD**  Delete  
 NAME: **SHARKY, JACK**  
 STREET ADDRESS: **2667 SABAL SPRINGS CIR Q202**  
 CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **ACERNO, MAUREEN**  
 STREET ADDRESS: **2663 SABAL SPRINGS CIR #O206**  
 CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE: **D**  Change  Addition  
 NAME: **BARABOS, MARCIA**  
 STREET ADDRESS: **2664 SABAL SPRINGS CIRCLE T-101**  
 CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE: **TD**  Delete  
 NAME: **MILLS, BUD**  
 STREET ADDRESS: **2664 SBAL SPRINGS CIRCLE T106**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **D**  Change  Addition  
 NAME: **METSCH, GEORGE**  
 STREET ADDRESS: **2693 SABAL SPRINGS CIRCLE M-201**  
 CITY-ST-ZIP: **CLEARWATER FL 33761**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Raponi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2000 (727) 724-0374  
 Date Daytime Phone #