

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751727**

1. Entity Name  
 MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business 2753 SR 580 SUITE 207 CLEARWATER FL 33761 US	Mailing Address 2753 SR 580 SUITE 207 CLEARWATER FL 33761 US
--	--

2. Principal Place of Business 2753 SR 580	3. Mailing Address 2753 SR 580
---	-----------------------------------

Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc. SUITE 207
----------------------------------	----------------------------------

City & State CLEARWATER FL	City & State CLEARWATER FL
-------------------------------	-------------------------------

Zip 33761	Country US	Zip 33761	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-2169275</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of New Registered Agent**  
 Name  
 REARDON, MAUREEN C CPM  
 Street Address (P.O. Box Number is Not Acceptable)  
 2753 SR 580  
 SUITE 207  
 City  
 CLEARWATER 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 \_\_\_\_\_ DATE **02/12/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID MILLS BUD 2664 SBAL SPRINGS CIRCLE T106 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARABOS MARCIA 2664 SABEL SPIRNGS CIR., T-101 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARKY JACK 2667 SABAL SPRINGS CIR Q202 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPONI LAWRENCE 2664 SABEL SPRINGS CIR., T-203 CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY MARY 2665 SABAL SPRINGS CIRCLE P104 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN MARILYN 2667 SABAL SPRINGS CIRCLE #Q103 CLEARWATER FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID KIRIAKI ARISTIDOU 2664 SABAL SPRINGS CIRCLE, T106 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARABOS MARCIA 2664 SABAL SPIRNGS CIRCLE, T-101 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHARKY JACK 2667 SABAL SPRINGS CIRCLE, Q202 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPONI LAWRENCE 2664 SABAL SPRINGS CIRCLE, T-203 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY MARY 2665 SABAL SPRINGS CIRCLE, P104 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN MARILYN 2667 SABAL SPRINGS CIRCLE, #Q103 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 PD 02/12/2001**

CR2E037 (11/00)