

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751727

FILED
Feb 28, 2006
Secretary of State

Entity Name: MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2169275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR, JAMES W
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAPONI, LAWRENCE
Address: 2664 SABAL SPRINGS CIRCLE #203
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: SCOTT, KATHY
Address: 2661 SABAL SPRINGS CIRCLE, #102
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: ACERNO, MAUREEN
Address: 2663 SABAL SPRINGS CIRCLE, #206
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: RUSSO, BARRY
Address: 2666 SABAL SPRINGS CIRCLE, #201
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: MCCAULEY, MARY
Address: 2665 SABAL SPRINGS CIRCLE, #104
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: SHARKY, JACK
Address: 2667 SABAL SPRINGS CIR #202
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE RAPONI

PD

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date