


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 048 ****61.25

DOCUMENT # 751727					
1. Entity Name MISTY SPRINGS CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business 2180 W. SR. 434 SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 W. SR. 434 SUITE 5000 LONGWOOD, FL 32779-5044 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2169275	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, JR, JAMES W SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPONI, LAWRENCE		NAME	WENMOUTH, BOB	
STREET ADDRESS	2664 SABAL SPRINGS CIRCLE #203		STREET ADDRESS	2667 SABAL SPRINGS CIRCLE #201	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KATHY		NAME	SCOTT, KATHY	
STREET ADDRESS	2661 SABAL SPRINGS CIRCLE #102		STREET ADDRESS	2661 SABAL SPRINGS CIRCLE #102	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACERNO, MAUREEN		NAME	HOFFMAN, MARLYN	
STREET ADDRESS	2663 SABAL SPRINGS CIRCLE #206		STREET ADDRESS	2667 SABAL SPRINGS CIRCLE #103	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, DEBBY		NAME		
STREET ADDRESS	2664 SABAL SPRINGS CIR #204		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, MARY		NAME		
STREET ADDRESS	2665 SABAL SPRINGS CIRCLE #104		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, SHERRY		NAME		
STREET ADDRESS	2664 SABAL SPRINGS CIR #105		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.					
SIGNATURE: _____			Date: 3/18/08		Daytime Phone #: 727-726-5607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #