

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90142 037 \*\*\*\*61.25

0047139

**DOCUMENT # 751727**

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



Principal Place of Business  
**2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761  
US**

Mailing Address  
**2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **59-2169275**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLORIDA CENTRAL MANAGEMENT INC  
2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>RAPONI, LAWRENCE</b>	
STREET ADDRESS	<b>2664 SABAL SPRINGS CIRCLE #203</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Delete
NAME	<b>SHARKY, JACK</b>	
STREET ADDRESS	<b>2667 SABAL SPRINGS CIRCLE, #202</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, KATHY</b>	
STREET ADDRESS	<b>2661 SABAL SPRINGS CIRCLE, #102</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACERNO, MAUREEN</b>	
STREET ADDRESS	<b>2663 SABAL SPRINGS CIRCLE, #206</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCAULEY, MARY</b>	
STREET ADDRESS	<b>2665 SABAL SPRINGS CIRCLE, #104</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRISON, DAVID</b>	
STREET ADDRESS	<b>2667 SABAL SPRINGS CIRCLE, #102</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Smigelski, Ernie</b>	
STREET ADDRESS	<b>2691 Sabal Springs Cir # 202</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>	

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: \_\_\_\_\_ **04/07/03 (22) 797-6011**

CR2E037 (10/02)