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Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750774 (2)

1. Corporation Name

TRE MISTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5050 GULF BLVD.
C/O DOTTIE WELCH & ASSOC.
ST. PETERSBURG FL 337065050 GULF BLVD.
C/O DOTTIE WELCH & ASSOC.
ST. PETERSBURG FL 33706-24243. Date Incorporated or Qualified
01/25/19803a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Complete Realty Group, Inc.

2a. Mailing Address

26 P.O. Box 2128

4. FEI Number
59-2121565

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34682-2128 25

28 Palm Harbor, FL 29 34682-2128 30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, DOROTHY M.
5050 GULF BLVD.
ST. PETERSBURG FL 3370681 Name
Thomas W. Gaylor82 Street Address (P.O. Box Number is Not Acceptable)
Complete Realty Group, Inc.

83 34844 US 19 North

84 City
Palm Harbor85 Zip Code
FL 34684

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME BECKETT, SCOTT
STREET ADDRESS 6018 BAYOU GRANDE BLVD
CITY-ST-ZIP ST PETE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~STD~~ ☐ DELETE
NAME HESSON, PATRICIA
STREET ADDRESS 5501 RAVEN CT
CITY-ST-ZIP TAMPA FL2.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME VATH, THOMAS G
STREET ADDRESS 6984 SO. SHORE DRIVE
CITY-ST-ZIP SO. PASADENA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME STD
3.3 STREET ADDRESS WILLIAM M. WELCH
3.4 CITY-ST-ZIP 5050 Gulf Blvd.
St. Pete Beach, FL 33706TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Hesson* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

Date

Daytime Phone # 0050234

CR2E037 (9/96)