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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762791 (2)

1. Corporation Name

MISTY PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

886 110TH AVE N
STE #7
NAPLES FL 34108

Mailing Address

886 110TH AVE N
STE #7
NAPLES FL 34108-18763. Date Incorporated or Qualified
04/21/19823a. Date of Last Report
09/30/19964. FEI Number
59-2370990Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, BRYAN J
THE WARNER CORPORATION
886 110TH AVE N., STE #7
NAPLES FL 34108

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (legible printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/29/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME RICH, ESTER
STREET ADDRESS 600 MISTY PINES CIRCLE #201
CITY-ST-ZIP NAPLES FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME RAMMING, BARBARA
STREET ADDRESS 700 MISTY PINES CIR #204
CITY-ST-ZIP NAPLES FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME FELTES, MARY
STREET ADDRESS 600 MISTY PINES CIRCLE, #106
CITY-ST-ZIP NAPLES FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME FLYNN, HULDINE
STREET ADDRESS 800 MISTY PINE CIRCLE #203
CITY-ST-ZIP NAPLES FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME STANLEY, WINIFRED
STREET ADDRESS 600 MISTY PINES CIRCLE, #208
CITY-ST-ZIP NAPLES FL5.1 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059759

CFR2037 (9/96)