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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

437247 - 90046 - 10

DOCUMENT # 762791

1. Corporation Name
MISTY PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~886 110TH AVE N~~ ~~STE #7~~ ~~NAPLES FL 34108~~	~~886 110TH AVE N~~ ~~STE #7~~ ~~NAPLES FL 34108~~

2. Principal Place of Business	2a. Mailing Address
21 4600 Enterprise Ave	26 4600 Enterprise Ave
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip / Country 24 34104 25 ~~CO~~ U.S.	Zip / Country 29 34104 30 U.S.

3. Date Incorporated or Qualified: 04/21/1982
4. FEI Number: 59-2370990 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Russell Wright
82 Street Address (P.O. Box Number is Not Acceptable): 4600 Enterprise Ave
83 Suite A
84 City: NAPLES FL 85 Zip Code: 34104

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICH, ESTER		1.2 NAME	
STREET ADDRESS	600 MISTY PINES CIRCLE #201		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CREASON, BARBARA		2.2 NAME	
STREET ADDRESS	700 MISTY PINES CIR #G102		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, CLAYTON L		3.2 NAME	
STREET ADDRESS	4695 OLD DOMINION DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22207		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARSHAW, PATRICIA A		4.2 NAME	
STREET ADDRESS	9630 #2 VICTORIA LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STANLEY, WINIFRED		5.2 NAME	
STREET ADDRESS	600 MISTY PINES CIRCLE, #206		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Russell Wright 3-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #