2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2001 8:00 am **DOCUMENT # 762791** - 10 -5 Secretary of State 1. Entity Name MISTY PINES CONDOMINIUM ASSOCIATION, INC. 04-11-2001 90038 001 ****61.25 Principal Place of Susiness Mailing Address 4600 ENTERPRISE AVE **4800 ENTERPRISE AVE** STE A STE A NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2370990 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WRIGHT. RUSSELL 4600 ENTERPRISE AVE STE A Zip Code FL NAPLES FL 34104 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE [NOTE: Registered Agent signature required when reinstating] Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Vice president- 1 CR2E037 (10/00) ☐ Change TITLE ol Delete TITLE Sarah Brown WORRELL, OLIVER NAME NAME 600 misty pines cr. F106 STREET ADDRESS STREET ADDRESS 800 MISTY PINES CIR #H106 CITY-ST-ZIP CITY-ST-7IP NAPLES. FL 34105 NAPLES FL Delete TITLE Treasurer -TITLE lanet Dodge **GRANT, TOM** NAME NAME 600 Misty Pines Cr. FZOI STREET ADDRESS 800 MISTY PINES CIR #H102 STREET ADDRESS CITY-ST-702 Naples. FL 34105 CITY-ST-ZIP NAPLES FL 22207 Delete officer at large-D Change Addition TITLE TITLE GARSHAW, PATRICIA A Bob=1)eacon NAME NAME 800 Misty Dines Cr. HZOG STREET ADDRESS STREET ADDRESS 9630 #2 VICTORIA LANE Naples, FC 34/05 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Delete Change ☐ Addition TITLE THE STANLEY, WINIFRED MAME NAME STREET ADDRESS STREET ADDRESS 600 MISTY PINES CIRCLE, #206 CITY-ST-ZIE CITY-ST-ZIP Naples FL Secretary- 1) ☐ Delete (Change Addition TITLE TITLE MILLER, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 700 MISTY PINES CIR #G103 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attagment, with an address, with all other like empowered.