2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90159 004 ****61.25

DOCUMENT # 762791

1. Entity Name

MISTY PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4600 ENTERPRISE AVE STE A NAPLES FL 34104	4600 ENTERPRISE AVE STE A NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Bayview Property Mgmt.	Bayview Property Mgmt.
Suite, Apt. #, etc.: 4600 Enterprise Ave., Ste A	Suite, Apt. #, etc.: 4600 Enterprise Ave. Ste. A
City & State: Naples, FL	City & State: Naples, FL
Zip: 34104 Country: US	Zip: 34104 Country: US

4. FEI Number 59-2370990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, RUSSELL 4600 ENTERPRISE AVE STE A NAPLES FL 34104	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WORRELL, OLIVER 800 MISTY PINES CIR #H106 NAPLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Miller, Henry 700 Misty Pines Circle G103 Naples, FL 34105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, SARAH 600 MISTY PINES CR F106 NAPLES FL 34105	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD Brown, Sarah 600 Misty Pines Circle F106 Naples, FL 34105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DODGE, JANET 600 MISTY PINES CR F201 NAPLES FL 34105	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OALD Deacon, Bob 800 Misty Pines Circle H206 Naples, FL 34105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OALD DEACON, BOB 800 MISTY PINES CR H206 NAPLES FL 34105	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OALD Timmins, Richard 700 Misty Pines Circle G105 Naples, FL 34105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLER, HENRY 700 MISTY PINES CIR #G103 NAPLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dodge, Janet 600 Misty Pines Circle F201 Naples, FL 34105	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 3-10-02 434-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #