2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 762791** 1. Entity Name 04-05-2004 90065 033 ****61.25 MISTY PINES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address BAYVIEW PROPERTY MGMT BAYVIEW PROPERTY MGMT **44042791** 4600 ENTERPRISE AVE. STE A 4600 ENTERPRISE AVE. STE A NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2370990 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 4600 ENTERPRISE AVE STE A NAPLES FL 34104 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OALD Delete TITLE TITLE STD Change ☐ Addition DUPLAA, CELESTE NAME NAME 600 MISTY ANES CIRCLE STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP VPTD DP TITLE ☐ Delete TITLE Change ☐ Addition BROWN, SARAH NAME 600 MISTY PINES CR F106 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY - ST-ZIP CITY-ST-ZIP Delete ■ Addition TITLE Change NAME NAME 600 MISTY PINES CR F201 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34105 CITY-ST-ZIP OALD Delete ☐ Addition TITLE TITLE ☐ Change DEACON, BOB NAME NAME 800 MISTY PINES CR H206 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ☐ Addition MILLER, HENRY NAME NAME 700 MISTY PINES CIR #G103 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE JENSEN, RICHARD NAME NAME 600 Histy Pines Cit. Floy STREET ADDRESS STREET ADDRESS I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. CITY-ST-ZIP

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Daytime Phone #

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