## 2005 NOT:FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 762791** 1. Entity Name 05-03-2005 90107 014 \*\*\*\*61.25 MISTY PINES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address BAYVIEW PROPERTY MGMT 4600 ENTERPRISE AVE. STE A BAYVIEW PROPERTY MGMT 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. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2370990 Not Applicable Zip Country 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 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD Addition TITLE Delete TITLE Change Deacon, Robert **DUPLAA, CELESTE** NAME 800 misty Pines Circle # 4206 600 MISTY ANES CIRCLE STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-7IP Naples, Pl. 34104 OP TITLE Delete Addition TITLE Change BROWN, SARAH NAME Edwards, Jean NAME 700 Misty Pines Circle #G101 600 MISTY PINES CR F106 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZiP Napres, FL. 34105 TITLE ☐ Delete Addition JENSEN, RICHARD Jersen, Richard NAME NAME 600 misty Pines Circle # Floy STREET ADDRESS 600 MISTY PINES CIR. FL04 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-7IP Naples FL 34105 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/26/05

239-434-6100

**FILED**