FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14148 (3)

1. Corporation Name

THE PRESERVE AT MISTY CREEK HOMEOWNERS ASSOCIATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8301 EAGLE LAKE DR SARASOTA FL 34241 US	8301 EAGLE LAKE DR SARASOTA FL 34241 US

3. Date Incorporated or Qualified: 04/02/1986
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2782042 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8457 Eagle Preserve Way	26 8457 Eagle Preserve Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sarasota FL	28 Sarasota FL
24 Zip 34241 / 25 Country US	29 Zip 34241 / 30 Country US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REES, STEPHEN D
2033 MAIN STR
STE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, RICHARD M	1.2 NAME	
STREET ADDRESS	8301 EAGLE LAKE DR	1.3 STREET ADDRESS	8457 Eagle Preserve Way
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	STARLING, FRED M	2.2 NAME	
STREET ADDRESS	8301 EAGLE LAKE DR	2.3 STREET ADDRESS	8457 Eagle Preserve Way
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	ASTD	3.1 TITLE	☐ Change ☐ Addition
NAME	COX, PEGGY B	3.2 NAME	
STREET ADDRESS	8301 EAGLE LAKE DR	3.3 STREET ADDRESS	8457 Eagle Preserve Way
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	Manis, Jimmy, director
STREET ADDRESS		4.3 STREET ADDRESS	8457 Eagle Preserve Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2/13/95 813-923-2186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fred M. Starling, V.P., Secretary, Director

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