FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N97000001827 (1) DOCUMENT #

MISTY II HOMEOWNER'S ASSOCIATION, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			T HERBINGT BY TOWN SOUNT BOTH CONT. EACH ONLY COLDEN HER YEAR TINK THE TREE
2051 W. EAU GALUE BLYD.		2351 W. EAU GALLIE BLVD.			3. Date Incorporated or Qualified
SUITE 1 MELBOURNE FI	1 32935	SUITE 1 MELBOURNE FL 32935			04/02/1997
	2 05000	MECDOCINE IE OFOCO			4. FEI Number Applied For
9 Oringinal D	Upon of Rusiness	1 0a Mallina Address			59-3451548 Not Applicable
2. Principal Place of Business		2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be
22 642			al	Can	Trust Fund Contribution Added to Fees
City & State		27 6 42 8 00 City & State		سيسر	7. Is this nonprofit corporation a homeowners association?
23 ME	Koune, 12	28 00000		, _	Tes LIND
200	Country 25 USA	29 3 ZAU 0 3	Count	1 1 2 2 1	8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes X No
2000	9. Name and Address of Current		30 ₁ – (3/4	10. Name and Address of New Registered Agent
		······································	8	1 Name	
STAFFO	STAFFORD, RONALD E				Address (P.O. Box Number is Not Acceptable)
511 WHISPERING PINES CIRCLE				52	
MELBOU	JRNE FL 32940		8	3	
			8	4 City	85 Zip Code
				<u> </u>	FL ·
office or r	egistered agent, or both, in the State	Forida Such change was au	s , the abo uthorized	ve-named by the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	m familiar with and accept the obligat	ighs of 1965 on 617,0903, Flor	ida Statut	es.	4/30/92
SIGNATIONE .	Signatur, yped or printed hame of register or jigon	and tille if positifile (NOTE:	Registered A	gent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAFFORD, RONALD E		1.2 NAM	E	
STREET ADDRESS	2351 W. EAU GALLIE BLVD., S	UITE 1		ET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	DELETE	1.4 CITY 2.1 TITLE	·····	Change Addition
NAME	RENFRO, ROBERT M	□ btttlt	2.1 HILE		- Origings - Notified
STREET ADDRESS	2351 W. EAU GALLIE BLVD., S	LIITE 1		ET ADDRESS	. ∂ es
CITY-ST-ZIP	MELBOURNE FL 32935	One (2. 4 CITY		, **
TITLE	\$TD	☐ DELETE	3.1 TITLE		Change Addition
NAME	HAMILTON, NELSON R		3.2 NAM	E	
STREET ADDRESS	2351 W. EAU GALLIE BLVD., S	UITE 1	3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY		Change Addition
1		□ offer	5.1 TITLE 5.2 NAM		Crange Addition
NAME STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITLE	_	☐ Change ☐ Addition
NAME	ŷ.	_	6.2 NAM		
STREET ADDRESS	4 4 1			ET ADDRESS	
CITY-\$1+ZIP			6X CITY		
	certify that the information supplied will	this filing does occupility for			ed in Section 119.07(3)(i). Florida Statutes, I further certify that the information

officer or director of the corporation or the receiver or Block 12 or Block 13 if changed on an attackment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in