

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752866 (4)

1. Corporation Name
MISTY LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**% TROPICAL PROPERTY MGMT.
8910 MIRAMAR PKWY. #300
MIRAMAR FL 33025** **% TROPICAL PROPERTY MGMT.
8910 MIRAMAR PKWY. #300
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 34-1324064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

8. Name and Address of Current Registered Agent

**TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PKWY. STE. 300
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEARLMAN, DANIEL
STREET ADDRESS	450 N.W. 214TH ST. 18-20T
CITY - ST - ZIP	MIAMI FL 33169
TITLE	VD
NAME	MERRITT, ETHEL
STREET ADDRESS	455 N.W. 214TH ST. 13-10T
CITY - ST - ZIP	MIAMI FL 33169
TITLE	SD
NAME	ROSEN, LENORE
STREET ADDRESS	450 N.W. 214TH
CITY - ST - ZIP	MIAMI FL 33169
TITLE	FD
NAME	FRANCES, HARRIS
STREET ADDRESS	820 N.W. 214TH ST. 2-104
CITY - ST - ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Merritt, Juanita	
1.3 STREET ADDRESS	455 N.W. 214th St. # 13-101	
1.4 CITY - ST - ZIP	N. Miami, FL.	
2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Rathi	
2.3 STREET ADDRESS	405 NW. 214th St. # 18-109	
2.4 CITY - ST - ZIP	N. Miami, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jackson, Henry	
3.3 STREET ADDRESS	530 N.W. 214th St. # 9-205	
3.4 CITY - ST - ZIP	N. Miami, FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Allen, Renee	
4.3 STREET ADDRESS	400 NW. 214th St. # 15-105	
4.4 CITY - ST - ZIP	N. Miami, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cummings, Valerie	
5.3 STREET ADDRESS	530 N.W. 214th St. # 9-204	
5.4 CITY - ST - ZIP	N. Miami, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Juanita Merritt Date: 4/26/95