

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752866 (4)
1. Corporation Name

MISTY LAKE CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 06/10/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 34-1324064-65-0184763
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERRITT, JUANITA	
STREET ADDRESS	455 N.W. 214TH ST., #13-101	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PATTI	
STREET ADDRESS	405 N.W. 214TH ST., #18-109	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, RENEE	
STREET ADDRESS	460 N.W. 214TH ST., #15-105	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, VALERIE	
STREET ADDRESS	530 N.W. 214TH ST., #9-204	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 617, 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* President for M.L.A. 3-14-96 305-651-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)