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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33025-4182

3. Date Incorporated or Qualified 06/10/1980
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number
21 c/o Summit Prop. Mgt. 26 c/o Summit Prop. Mgt. 65-0184763
Suite, Apt #, etc. Suite, Apt #, etc. Applied For
22 P.O. Box 189013 27 P.O. Box 189013 Not Applicable
City & State City & State
23 Plantation, FL 28 Plantation, FL
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PKWY. STE. 300 MIRAMAR FL 33025
81 Name Summit Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard
83 Suite C-100
84 City Plantation, FL 85 Zip Code 33313

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 *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addition
NAME MERRITT, JUANITA 1.2 NAME
STREET ADDRESS 455 N.W. 214TH ST., #13-101 1.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 1.4 CITY - ST - ZIP
TITLE DV DELETE 2.1 TITLE Change Addition
NAME WILLIAMS, PATTI 2.2 NAME WATERS, JULIA
STREET ADDRESS 405 N.W. 214TH ST., #18-109 2.3 STREET ADDRESS 510 N.W. 214th St #18-101
CITY - ST - ZIP N. MIAMI FL 2.4 CITY - ST - ZIP N. MIAMI, FL 33169
TITLE D DELETE 3.1 TITLE LINDA F. CORBETT - Sec. Change Addition
NAME ALLEN, RENEE 3.2 NAME
STREET ADDRESS 460 N.W. 214TH ST., #15-105 3.3 STREET ADDRESS 455 N.W. 214 ST
CITY - ST - ZIP N. MIAMI FL 3.4 CITY - ST - ZIP MIAMI, FL 33169
TITLE D DELETE 4.1 TITLE TREASURER Change Addition
NAME CUMMINGS, VALERIE 4.2 NAME
STREET ADDRESS 530 N.W. 214TH ST., #9-204 4.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 4.4 CITY - ST - ZIP
TITLE DELETE 5.1 TITLE DIRECTOR Change Addition
NAME 5.2 NAME ANDERSON, CLAUDE
STREET ADDRESS 405 N.W. 214th St #18-102
CITY - ST - ZIP N. MIAMI FL 33169
TITLE DELETE 6.1 TITLE
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 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: *Juanita Merritt* Juanita Merritt 2-18-97 (954) 792-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0023883

CR2E037 (9/96)