


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mörtham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752866 (4)**

1. Corporation Name  
**MISTY LAKE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>%SUMMIT PROP-MGT 40 JEM mgmt. PO-BOX 189018 PLANTATION FL 33318 US</b>	Mailing Address <b>%SUMMIT PROP-MGT 40 JEM mgmt. PO-BOX 189013 PLANTATION FL 33318 US</b>
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3. Date Incorporated or Qualified <b>06/10/1980</b>	4. FEI Number <b>65-0184763</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business <b>275 Fontainebleau Blvd.</b>	22. Mailing Address <b>275 Fontainebleau Blvd.</b>
23. Suite, Apt. #, etc. <b># 200</b>	24. Suite, Apt. #, etc. <b># 200</b>
25. City & State <b>Miami, FLORIDA</b>	26. City & State <b>Miami, FLORIDA</b>
27. Zip <b>33172</b>	28. Zip <b>33172</b>
29. Country <b>US</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent

**SUMMIT PROPERTY MANAGEMENT INC  
4450 WEST SUNRISE BLVD  
C-100  
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name <b>HUMAN &amp; Kaplan, P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>150 WEST FLAGLER STREET</b>
83
84 City <b>Miami</b>
85 State <b>FL</b>
86 Zip Code <b>33130</b>

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 *[Signature]* DATE **2/10/98**

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	VP	<input type="checkbox"/> DELETE
NAME	WATERS, JULIA	
STREET ADDRESS	510 NW 214 ST 11-101	
CITY-ST-ZIP	N MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORBETT, LINDA F	
STREET ADDRESS	455 NW 214 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUMMINGS, VALERIE	
STREET ADDRESS	530 N.W. 214TH ST., #9-204	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, CYDE	
STREET ADDRESS	405 NW 214 ST 18-102	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WATERS, JULIA	
1.3 STREET ADDRESS	510 N.W. 214 ST. 11-101	
1.4 CITY-ST-ZIP	MIAMI FLA. 33169	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELORES GARNER	
2.3 STREET ADDRESS	530 N.W. 214ST. 9-101	
2.4 CITY-ST-ZIP	MIAMI FLA. 33169	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORBETT, LINDA F.	
3.3 STREET ADDRESS	455 N.W. 214 ST. -108	
3.4 CITY-ST-ZIP	MIAMI FLA. 33169	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Manny Gallego	
4.3 STREET ADDRESS	630 NW. 214 ST. # 103	
4.4 CITY-ST-ZIP	Miami, FL. 33169	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY JACKSON	
5.3 STREET ADDRESS	510 NW 214 STREET #104	
5.4 CITY-ST-ZIP	MIAMI, FL. 33169	
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 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: *[Signature]*

2/3/98

CFR2E037 (10/97)