FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 752866

MISTY LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					
275 FONTAINEBLEAU BLVD		275 FONTAINEBLEAU BLVD			
STE #200		STE #200			
		MIAMI FL 33172		, 1881)t 1898) Sitte 1881 telle sitte	41411 81811 A1411 81211 41411 1201
US		03			
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		06/10/1980	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27	· · · · · ·	65-0184763	Not Applicable
City & State	ė	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	Ī	Trust Fund Contribution	Added to Fees
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	ed Agent
81 Name Stephen StapleU					
ПУЛИТ	& KAPLAN, P.A.	dress (P.O. Box Number is Not Acceptable)	-		
HAYMAN & KAPLAN, P.A. 82 Stra 150 W FLACLER ST					
C-100				io shezidan st	# 109
MIAMLEL.	22120		1 0 1	10 OLICINICIALL OF	les Zin Codo e)
	\	•	84 City H	olly wood F	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered
office or r	m familiar with, and accept the obliga	ations of, Section 617.0503, Florida	a Statutes.	= 7:	2-99
SIGNATURE	X	Stephen I Straken	_		<u> </u>
JIGHATORE	Signature, typed committed name of registered age	nt and title if applicable. (NOTE:	gistered Agent signature requ		AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	YPT	☐ DELETE	5	priey, Frederick,)
NAME	SARNER, DELORES		1.2 NAME	250 mm gid st. 102	
STREET ADDRESS	530 NW 214TH ST, 9-101				
CITY-ST-	MIAMI FL 33169			01/12/20/100	
TITLE	PD	☐ DELETÉ		ID. Charles	Change ☐ Addition
NAME	WATERS, JULIA			inderson, Clyde * 10	,
STREET ADDRESS	510 NW 214 ST 11-101		2.3 STREET ADDRESS	ing the and are the	
CITY-ST-ZIP	MIAMI FL 33169			M: AMI, FC. 33167	
TITLE	SD	☐ DELETE		D Tocoreline	Change Addition
NAME	CORBETT, LINDA F			son, Jacqueling	Ö1
STREET ADORESS	400 MM A 451 OF 400			عران ريب هي مي مي ا	
CITY-ST-ZIP	MIAMI FL 33169		3.4. CITY-ST-ZIP	Miami, FL. 3316°	<u> </u>
TITLE	TD	☐ DELETE		IP Doo's	Change Addition
NAME	GALLEGO, MANNY		4. 2 NAME	Atega, Dante	
STREET ADDRESS	630 NW 214 ST #103		4.3 STREET ADDRESS	10 nw 314 st. + 105	
CITY-ST-ZIP	MIAMI FL 33169			0: AMI FL. 33167	

Miami 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

JACKSON, MARY

MIAMI FL 33169

510 NW 214TH ST #104

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

2/10/99

305/789-3539 -Daytime Phone #

Change

Change

☐ Addition

Addition

FILED

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Mar 10, 1999 8:00 am § Secretary of State