

NONPROFIT CORPORATION
ANNUAL REPORT
2000



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

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90095 039 ****61.25

DOCUMENT # **752866**
1. Corporation Name
Misty Lake North Condominium Association, INC

LUU40014

Principal Place of Business
**541 S State RD 7
Suite 12
Margate FL 33068**

Mailing Address
**541 S. State RD 7
Suite 12
Margate FL 33068**

3. Date Incorporated or Qualified
6/10/80

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
65-0184763

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent
**Stephen Straley
3990 Sheridan Street # 109
Hollywood FL 33021**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD Clyde Anderson <input type="checkbox"/> DELETE
NAME	405 NW 214 ST # 102
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	
TITLE	VPD Frederick Dauley <input type="checkbox"/> DELETE
NAME	550 NW 214 ST # 105
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	
TITLE	Jacqueline Johnson <input type="checkbox"/> DELETE
NAME	440 NW 214 ST # 201
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	
TITLE	TD Dante Ortega <input type="checkbox"/> DELETE
NAME	410 NW 214 ST # 105
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	
TITLE	D Megan Forges <input type="checkbox"/> DELETE
NAME	505 NW 214 ST # 108
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	
TITLE	D Ruby Baker <input type="checkbox"/> DELETE
NAME	620 NW 214 ST # 103
STREET ADDRESS	Miami FL 33169
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	50 Pamela Green <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	610 NW 214 ST
1.3 STREET ADDRESS	Miami FL 33169
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD Oscar Palmer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	610 NW 214 ST # 103
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D Tara Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	420 NW 214 ST # 203
3.3 STREET ADDRESS	Miami FL 33169
3.4 CITY-ST-ZIP	
4.1 TITLE	PD Dante Ortega <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	410 NW 214 ST # 105
4.3 STREET ADDRESS	Miami FL 33169
4.4 CITY-ST-ZIP	
5.1 TITLE	D Butler Forges <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	505 NW 214 ST # 108
5.3 STREET ADDRESS	Miami FL 33169
5.4 CITY-ST-ZIP	
6.1 TITLE	TD Ruby Baker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	620 NW 214 ST # 103
6.3 STREET ADDRESS	Miami FL 33169
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: **Pamela Green** **Pamela Green** **3/17/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #