

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90186 021 \*\*\*\*61.25

**DOCUMENT # 752866**

1. Entity Name

**MISTY LAKE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

541 S STATE RD 7  
 STE 12  
 MARGATE FL 33068  
 US

541 S STATE RD 7  
 STE 12  
 MARGATE FL 33068  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0184763**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRALEY, STEPHEN**  
**3990 SHERIDAN ST., #109**  
**HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GREEN, PAMELA	610 NW 214 ST	MIAMI FL 33169	<input type="checkbox"/>
VPD	JOHNSON, JACQUELINE	440 NW 214TH STREET 201	MIAMI FL 33169	<input checked="" type="checkbox"/>
SD	GARVEY, BRENDA J	440 NW 214TH STREET 101	MIAMI FL 33169	<input checked="" type="checkbox"/>
PD	ORTEGA, DANTE	410 NW 214ST., #105	MIAMI FL 33169	<input checked="" type="checkbox"/>
D	NELSON, CLAUDETTE	450 NW 214TH STREET 105	MIAMI FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	WALKER, AVALYN	610 NW 214 ST 204	MIAMI FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	BAKER, RUBY	620 NW 214 ST # 103	MIAMI FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	LEWIS, DERRICK	460 NW 214 ST 203	MIAMI FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	WILLIAMS, BARBARA	450 NW 214 ST 102	MIAMI FL 33169	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*RUBY BAKER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

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CR2E037 (9/01)