



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

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|---|---|---|--|---|--|
| DOCUMENT # 752866 1. Entity Name MISTY LAKE CONDOMINIUM ASSOCIATION, INC. | |  | | FILED 04 SEP 23 PM 1:01 SECRETARY OF STATE FLORIDA 03/25/04 1183 95043 004 61.25  MOORE CR2E037 (11/03) | |
| Principal Place of Business 4780 N STATE RD 7 STE E 250 FORT LAUDERDALE FL 33319 US | | Mailing Address 4780 N STATE RD 7 STE E 250 FORT LAUDERDALE FL 33319 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0184763 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STRALEY, STEPHEN 3990 SHERIDAN ST., #109 HOLLYWOOD FL 33021 | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW - FEE IS \$61.25 Due By May 1 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GREEN, PAMELA <input checked="" type="checkbox"/> Delete 610 NW 214 ST 203 MIAMI FL 33169 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Eulalio Carlo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 430 NW 214 Street, #19-102 Miami, FL 33169 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAULEY, FREDERICK <input checked="" type="checkbox"/> Delete 620 NW 214 ST 202 MIAMI FL 33169 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD William E. Card <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 NW 214 Street, #22-204 Miami, FL 33169 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD JOHNSON, JACQUILINE <input type="checkbox"/> Delete 440 NW 214 STE 201 MIAMI FL 33169 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PIERRE, MAX <input type="checkbox"/> Delete 600 W 214 ST 204 MIAMI FL 33169 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ANDERSON, CLYDE <input type="checkbox"/> Delete 405 NW 214 ST 102 MIAMI FL 33169 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Renee J. Allen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 460 NW 214 Street, #15-105 Miami, FL 33169 | | |
| 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: <i>Jacqueline E. Johnson</i> Jacqueline E. Johnson, Secretary | | 3/2/04 305-374-5600 | | _____ <small>Date Daytime Phone #</small> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |