


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90228 012 \*\*\*\*61.25

**DOCUMENT # 752866**

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



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
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**50020289**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 65-0184763	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLO, EULALIO <input checked="" type="checkbox"/> Delete 430 NW 214 STREET, #19-102 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARD, WILLIAM E <input checked="" type="checkbox"/> Delete 400 NW 214 STREET, #22-204 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JACQUILINE <input checked="" type="checkbox"/> Delete 440 NW 214 STE 201 MIAMI, FL 33169
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	D ANDERSON, CLYDE <input type="checkbox"/> Delete 405 NW 214 ST 102 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, RENEE <input checked="" type="checkbox"/> Delete 460 NW 214 STREET, 15-105 MIAMI, FL 33169

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEWIS, DERRICK 460 NW 214th street #203 MIAMI, Florida 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MILLER, DAWN 400 NW 214th street #102 MIAMI, Florida 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition mosley, carla 540 NW 214th street #104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PIERRE, MAX 600 NW 214 street #204 Miami, Florida 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDERSON, CLYDE 405 NW 214 street #102 MIAMI, Florida 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guerrier, Florence 505 NW 214th street #106 MIAMI, Florida 33169

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** \_\_\_\_\_ **1-3-04** **3056536203**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #