

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91161 046 ****61.25

DOCUMENT # 752866

1. Entity Name
MISTY LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

541 S STATE RD 7
STE 12
MARGATE FL 33068
US

Mailing Address

541 S STATE RD 7
STE 12
MARGATE FL 33068
US

2. Principal Place of Business

4780 N STATE Rd 7

3. Mailing Address

4780 N STATE Rd 7

Suite, Apt. #, etc.

STE E250

Suite, Apt. #, etc.

STE E250

City & State

LAUDERDALE LAKES FL

City & State

LAUDERDALE LAKES FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number **65-0184763**

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, PAMELA	
STREET ADDRESS	610 NW 214 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, AVALYN	
STREET ADDRESS	610 NW 214 ST 204	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, RUBY	
STREET ADDRESS	620 NW 214 ST 103	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEWIS, DERRICK	
STREET ADDRESS	460 NW 214 ST 203	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CLAUDETTE	
STREET ADDRESS	450 NW 214TH STREET 105	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	450 NW 214 ST 102	
CITY-ST-ZIP	MIAMI FL 33169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, PAMELA	
STREET ADDRESS	610 NW 214 ST 203	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK DAULEY	
STREET ADDRESS	620 NW 214 ST 202	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUILINE JOHNSON	
STREET ADDRESS	440 NW 214 ST 201	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAX PIERRE	
STREET ADDRESS	600 W 214 ST 204	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLYDE ANDERSON	
STREET ADDRESS	405 NW 214 ST 102	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: JACQUILINE E. JOHNSON
SIGNATURE REQUIRED

4/22/03 305-374-5600

CR2E037 (10/02)