FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10: 42

DOCUMENT # N23195 (3)

1. Corporation Name

MISTY OAKS AT PALM-AIRE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3500 GATEWAY DR. SUITE 202 POMPANO BEACH FL 33069	3500 GATEWAY DR. SUITE 202 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1987
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0056647 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

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

9. Name and Address of Current Registered Agent

ABRAMS, LAWRENCE
4091 PALM AIRE DR WEST
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name: SIDNEY FROMKIN
82 Street Address (P.O. Box Number is Not Acceptable): 3500 GATEWAY DR. #202
83
84 City: POMPANO BEACH FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	Pres/Dir.	☐ Change ☐ Addition
NAME	ABRAMS, L.	12 NAME		
STREET ADDRESS	4091 PALM AIRE DR WEST	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE	Sec/Treas/Dir.	☐ Change ☒ Addition
NAME	BOREK, L.	22 NAME	HARRY LEVINSON	
STREET ADDRESS	4091 PALM AIRE DR W	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE	V.P.	☐ Change ☒ Addition
NAME	FROMKIN, S.	32 NAME	STEVE SANTALUCIA	
STREET ADDRESS	526 MISTY OAKS DR	33 STREET ADDRESS	530 MISTY OAKS DR.	
CITY-ST-ZIP	POMPANO BCH. FL	34 CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BOREK, L.	42 NAME		
STREET ADDRESS	4091 PALM AIRE DR W	43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3.20.95 305-968-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006870