

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752866

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

**Current Principal Place of Business:**

21015 NW 7 AVENUE  
MIAMI, FL 33169

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC4079518089**

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES  
4800 N. STATE ROAD 7, STE 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 65-0184763

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
FT. LAUDERDALE, FL 33312 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           LAMARRE, KAY  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES  
                  4800 N. STATE ROAD 7, STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title           PRESIDENT  
Name           ALLEN, RENEE  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES  
                  4800 N. STATE ROAD 7, STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title           TREASURER  
Name           ASHFORD, LATREACE  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES  
                  4800 N. STATE ROAD 7, STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title           SECRETARY  
Name           VALCIN, EDELINE  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES  
                  4800 N. STATE ROAD 7, STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENEE ALLEN

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date