

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752866

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC6384605616**

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

**Current Principal Place of Business:**

21015 NW 7 AVENUE  
MIAMI, FL 33169

**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 P  
Name LEWIS, DERRICK  
Address C/O PHOENIX MANAGEMENT SERVICES  
4800 N. STATE ROAD 7, STE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

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

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

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

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

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

Title DIRECTOR  
Name BELL, RICARDO  
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:** BARBARA WILLIAMS

**SECRETARY**

**04/25/2013**

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

\_\_\_\_\_  
Date