2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752866

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

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICE INC 4800 N. STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US

The above named	entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: ROBERT KILIAN		05/23/2024
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	TREASURER	Title	DIRECTOR
Name	LAMELLE , EXIE	Name	RICHARDSON, JOHN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105	Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319	City-State-Zip:	LAUDERDALE LAKES FL 33319
Title	VP	Title	SECRETARY
Name	ROBERTS, KELSEY	Name	HERNANDEZ, JOHANNA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105	Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319	City-State-Zip:	LAUDERDALE LAKES FL 33319
Title	PRESIDENT	Title	DIRECTOR
Name	JACKSON , MARY	Name	WILLIAMS , MARTHA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105	Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N. STATE ROAD 7, STE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319	City-State-Zip:	LAUDERDALE LAKES FL 33319
Title	DIRECTOR		
Name	WILLIAMS, BARBARA		
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: JACKSON, MARY

PRESIDENT

05/23/2024

FILED May 23, 2024 Secretary of State 7174917048CC

Certificate of Status Desired: No