

**2023 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

**Certificate of Status Desired:** No

**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 registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT KILIAN

10/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title DIRECTOR  
Name HANKS, FRANCES  
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:** JULIETTE NORMIL

PRESIDENT

10/30/2023

