#### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752866** 

Entity Name: MISTY LAKE CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 19, 2023 Secretary of State 6289647477CC

## **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: Yes

### 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 04/19/2023

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **OFFICER** Title SECRETARY Name JACKSON, MARY RENEE Name LAMELLE, EXIE

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT **SERVICES** 

**SERVICES** 

4800 N. STATE ROAD 7, STE 105 4800 N. STATE ROAD 7, STE 105

LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip:

Title DIRECTOR Title VΡ

Name RICHARDSON, JOHN Name ROBERTS, KELSEY

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT

**SERVICES SERVICES** 

4800 N. STATE ROAD 7, STE 105 4800 N. STATE ROAD 7, STE 105

LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **PRESIDENT** 

FERNANDEZ, CARMEN NORMIL, JULIETTE Name Name

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT

> SERVICES **SERVICES**

4800 N. STATE ROAD 7, STE 105 4800 N. STATE ROAD 7, STE 105

LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 City-State-Zip: City-State-Zip:

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.

04/19/2023 SIGNATURE: JULIETTE NORMIL PRESIDENT