

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 99 MAY 24 AM 10:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 751575

1. Corporation Name
MISSION LAKES CONDOMINIUM ASSOCIATION, INC.,

Principal Place of Business C/O MICHAEL A. FISHLER, RECEIVER 116 S.E. SIXTH COURT FT. LAUDERDALE FL 33301 US	Mailing Address C/O MICHAEL A. FISHLER, RECEIVER 116 S.E. SIXTH COURT FT. LAUDERDALE FL 33301 US
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5/17/99 90019/009 \$101.25

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/17/1980	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FISHLER, MICHAEL A RECEIVE FISHLER & FRIEDMAN, P.A. 116 S.E. SIXTH COURT FORT LAUDERDALE FL 33301		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)		DATE
OFFICERS AND DIRECTORS				
12. TITLE	REC.	<input type="checkbox"/> DELETE		13. 1.1 TITLE
NAME	FISHLER, MICHAEL A RECEIVE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	116 S.E. SIXTH COURT			1.2 NAME
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			1.3 STREET ADDRESS
				1.4 CITY-ST-ZIP
				2.1 TITLE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME
				2.3 STREET ADDRESS
				2.4 CITY-ST-ZIP
				3.1 TITLE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME
				3.3 STREET ADDRESS
				3.4 CITY-ST-ZIP
				4.1 TITLE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME
				4.3 STREET ADDRESS
				4.4 CITY-ST-ZIP
				5.1 TITLE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME
				5.3 STREET ADDRESS
				5.4 CITY-ST-ZIP
				6.1 TITLE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME
				6.3 STREET ADDRESS
				6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** MICHAEL A FISHLER Receiver 5/10/99 954763-5778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)