

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90023 045 ****61.25

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| DOCUMENT # 754098 | | | |  | |
| 1. Entity Name MISTY LAKE SOUTH CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business % LANDMARK MANAGEMENT SERVICES 12323 SW 55 STREET COOPER CITY, FL 33330 US | | | Mailing Address % LANDMARK MANAGEMENT SERVICES 12323 SW 55 STREET COOPER CITY, FL 33330 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2141494 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT SERVICES INC. 12323 SW 55 STREET COOPER CITY, FL 33330 | | | 7. Name and Address of New Registered Agent Name: <i>Randall K. Roger + Assoc., P.A.</i> Street Address (P.O. Box Number is Not Acceptable): <i>621 NW 53 St., suite 300.</i> City: <i>Boca Raton, FL</i> FL Zip Code: <i>33487</i> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>[Signature]</i> <i>Randall K. Roger, Pres. Randall K. Roger + Assoc. 4/26/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEE , MARIE GIL | | NAME | | |
| STREET ADDRESS | 565 NW 210 ST 102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATTERSON, VLAERJE | | NAME | | |
| STREET ADDRESS | 555 NW 210 ST 101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DOLLAR, DALE T | | NAME | | |
| STREET ADDRESS | 615 N.W. 210 ST. #105-25 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FENNELL, LINDA | | NAME | | |
| STREET ADDRESS | 535 NW 210 ST 101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARNES, LINDA M | | NAME | | |
| STREET ADDRESS | 515 NW 210 STREET #102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | 4/17/07 | | 305-576-7888 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

400000



04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2141494 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: *Randall K. Roger + Assoc., P.A.*
 Street Address (P.O. Box Number is Not Acceptable):
621 NW 53 St., suite 300.
 City: *Boca Raton, FL* FL Zip Code: *33487*

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SIGNATURE: *[Signature]* 4/17/07 305-576-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #