


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90036 044 \*\*\*\*61.25

**DOCUMENT # 754098**

1. Entity Name  
 MISTY LAKE SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 % LANDMARK MANAGEMENT SERVICES      % LANDMARK MANAGEMENT SERVICES  
 12323 SW 55 STREET      12323 SW 55 STREET  
 COOPER CITY, FL 33330 US      COOPER CITY, FL 33330 US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*% Landmark Management Services*      *% Landmark Management Services*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 1941 NW 150 Ave.      1941 NW 150 Ave  
 City & State      City & State  
 Pembroke Pines FL      Pembroke Pines FL  
 Zip      Country      Zip      Country  
 33028      USA      33028      USA

01212008      Chg-NP      CR2E037 (12/06)

4. FEI Number      Applied For  
 59-2141494      Not Applicable

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

**6. Name and Address of Current Registered Agent**

RANDALL KROGER & ASSOCIATES, P.A.  
 621 NW 53 STREET  
 SUITE 300  
 BOCA RATON, FL 33487

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILL, MARIE	
STREET ADDRESS	565 NW 210 ST 102	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATTERSON, VLAERIE	
STREET ADDRESS	555 NW 210 ST 101	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLLAR, DALE T	
STREET ADDRESS	615 N.W. 210 ST. #105-25	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FENNELL, LINDA	
STREET ADDRESS	535 NW 210 ST 101	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNES, LINDA M	
STREET ADDRESS	515 NW 210 STREET #102	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn Callender	
STREET ADDRESS	545 NW 210 St. #203	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valda Roberson	
STREET ADDRESS	525 NW 210 St. #103	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale Dollar	
STREET ADDRESS	615 N.W. 210 St. #105	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angella Lytle	
STREET ADDRESS	625 NW 210 St # 103	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*      Date: 2/22/08      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR