

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90150 012 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000002498**

1. Entity Name  
**MISTY GROVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2841 DAY AVE  
 MIAMI FL 33133**

Mailing Address  
**2841 DAY AVE  
 MIAMI FL 33133**

60013939



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1065405**

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMELMAN, ERIC  
 2841 DAY AVE  
 MIAMI FL 33133**

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

1/22/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **ZIMELMAN, ERIC**  
 STREET ADDRESS **2841 DAY AVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **ZIMELMAN, NICOLE**  
 STREET ADDRESS **2841 DAY AVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **LOPEZ, EMILIO**  
 STREET ADDRESS **2843 DAY AVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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 REQUIRED

1/22/03

Date Daytime Phone #

CFR2E037 (10/02)