

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 040 \*\*\*\*61.25

DOCUMENT # N93000005409

1. Entity Name  
MISTY HARBOR AT SILVERLAKES MAINTENANCE  
ASSOCIATION, INC.



Principal Place of Business  
19620 PINES BLVD  
17794 SW 2ND ST  
PEMBROKE PINES, FL 33-22-6 US

Mailing Address  
% PINES PROPERTY MGMT  
P.O. BOX 820100  
SOUTH FLORIDA, FL 33082-0100

**60025085**



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0494635

Applied For  
Not Applicable

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

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

EVANS, JR. THOMAS R.  
19620 PINES BLVD  
SUITE 205  
PEMBROKE PINES, FL 33029

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DVP  
NAME ~~BATTISE, CERALD~~ CASTRO, LOUIS  
STREET ADDRESS ~~17685 SW 11TH ST~~ 17946 SW 10 LANE  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE PD  
NAME ~~RYAN, PATTY~~ GALATI, NICOLAS  
STREET ADDRESS ~~956 SW 180TH TERR~~ 17967 SW 8 ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE DT  
NAME ~~FRENCH, DALLAS~~ DE BELLIS, NICOLAS  
STREET ADDRESS ~~988 SW 100 TERR~~ 17917 SW 8 ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE DS  
NAME ~~FROST, NANCY~~ VAYDA, DONNA Jo  
STREET ADDRESS ~~916 SW 100 TERR~~ 864 SW 179 AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

(954)593-3872

Daytime Phone #