

**FILE NOW: FILING FEE IS \$61.25**

APPROVED  
AND  
FILED

98 JUN 10 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751575 (2)**

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



Principal Place of Business <b>C/O MICHAEL A. FISHLER, RECEIVER 116 S.E. SIXTH COURT FT. LAUDERDALE FL 33301 US</b>	Mailing Address <b>C/O MICHAEL A. FISHLER, RECEIVER 116 S.E. SIXTH COURT FT. LAUDERDALE FL 33301 US</b>
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3. Date Incorporated or Qualified  
**03/17/1980**

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FISHLER, MICHAEL A RECEIVE  
FISCHLER & FRIEDMAN, P.A.  
116 S.E. SIXTH COURT  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>REC1</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHLER, MICHAEL A</b>	
STREET ADDRESS	<b>116 S.E. SIXTH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>REC1</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHLER, MICHAEL A</b>	
STREET ADDRESS	<b>116 S.E. SIXTH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>REC1</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHLER, MICHAEL A</b>	
STREET ADDRESS	<b>116 S.E. SIXTH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	<b>300002557683--3</b>
3.3 STREET ADDRESS	<b>-06/12/98--01009--001</b>
3.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
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	<b>89 6/10</b>
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.

CR2E037 (1097)

**FISCHLER & FRIEDMAN, P.A.**

ATTORNEYS AT LAW  
116 SOUTHEAST SIXTH COURT  
FORT LAUDERDALE, FLORIDA 33301

MICHAEL A. FISCHLER\*  
CIRCUIT COURT MEDIATOR  
FAMILY COURT MEDIATOR  
HOWARD S. FRIEDMAN\*

TELEPHONE  
(954) 763-5778  
FACSIMILE  
(954) 763-3238

\* ALSO MEMBER FEDERAL BAR

June 5, 1998

Division of Corporations  
Attn: Stacy  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Mission Lakes Condominium Association, Inc.  
Ref. Number: 751575

Dear Stacy:

Pursuant to our telephone conversation of today, this will confirm that you have a note in your office with regard to the above referenced non-profit corporation's return being filed without listing three directors or trustees. Accordingly, as Receiver, I am returning the original corporate return for Mission Lakes Condominium Association, Inc., stub, and this firm's check no. 70 in the amount of \$61.25.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

FISCHLER & FRIEDMAN, P.A.



MICHAEL A. FISCHLER

MAF:jg  
Enclosure