

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-19-2001 90020 020 ****61.25

DOCUMENT # 751575

1. Entity Name

MISSION LAKES CONDOMINIUM ASSOCIATION, INC.,

Principal Place of Business

Mailing Address

~~C/O MICHAEL A. FISHLER, RECEIVER
 110 S.E. SIXTH COURT
 FT. LAUDERDALE FL 33301
 US~~

~~C/O MICHAEL A. FISHLER, RECEIVER
 110 S.E. SIXTH COURT
 FT. LAUDERDALE FL 33301
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0320388

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

~~FISHLER, MICHAEL A RECEIVE
 FISHLER & FRIEDMAN, P.A.
 110 S.E. SIXTH COURT
 FORT LAUDERDALE FL 33301~~

Name
Coral Creek Apartments
 Street Address (P.O. Box Number is Not Acceptable)
~~6290 Southwest Southgate Blvd~~
 City
Tamarac FL Zip Code
33321

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.

SIGNATURE

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

SEAN GROSMAN
 (NOTE: Registered Agent signature required when reinstating)

2/5/01
 DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REC. FISHLER, MICHAEL A RECEIVE 110 S.E. SIXTH COURT FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GROSMAN, SEAN <input type="checkbox"/> Delete 2077 NE 120 ROAD MIAMI FL 33181 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GROSMAN, BEN <input type="checkbox"/> Delete 2077 NE 120 ROAD MIAMI FL 33181 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOKOOL, KEN <input type="checkbox"/> Delete 2077 NE 120 ROAD MIAMI FL 33181 |
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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
[Signature] **GROSMAN** **2/5/01** **954-724-5554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)