Amended 2003

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

05-08-2003 90174 047 ****61.25
758379

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 10:03

DOCUMENT # 758379

1. Entity Name

MISTY SHORES CONDOMINIUM ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1369 Hwy A1A	1369 HIGHWAY AIA
Suite, Apt. #, etc. #13	Suite, Apt. #, etc. #13
City & State SATELLITE BEACH, FL	City & State SATELLITE BEACH FL
Zip 32937 Country USA	Zip 32937 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2191471 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROSSEAU, DAVID

Street Address (P.O. Box Number is Not Acceptable)

5025 MALABAR BLVD

City MELBOURNE BEACH FL Zip Code 32951

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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
NAME	LYNCH, PETER J.
STREET ADDRESS	1369 HIGHWAY AIA #6
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VD
NAME	CODAY, BRENNA L.
STREET ADDRESS	1369 HIGHWAY AIA #6
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	TSD
NAME	ROSSEAU, DAVID
STREET ADDRESS	5025 MALABAR BLVD
CITY-ST-ZIP	MELBOURNE BEACH, FL 32937
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/5/03 321-777-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/29 ad