


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 30, 2006 8:00 A.M.
Secretary of State

DOCUMENT # N01000006546 1. Entity Name MUSTANG ISLAND ROADWAY ASSOCIATION, INC.					
Principal Place of Business 5692 STRAND COURT NAPLES, FL 34110			Mailing Address 5692 STRAND COURT NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0421480	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAHI TR. NORTH, SUITE 300 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name STOCK COMMUNITY SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 4980 Tamiami Trail North, #101 NAPLES, FL 34103 City NAPLES, FL Zip Code 34103	
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 <i>Sandra Howland</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-24-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME DAN HALLORAN <input type="checkbox"/> Delete STREET ADDRESS 5692 STRAND COURT CITY-ST-ZIP NAPLES, FL 34110	TITLE DP NAME DAN HALLORAN <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS C/O STOCK COMMUNITY SERVICES, LLC CITY-ST-ZIP 4980 Tamiami Trail North #101 Naples, FL 34103				
TITLE DVP NAME STOCK, KENNETH <input type="checkbox"/> Delete STREET ADDRESS 5692 STRAND COURT CITY-ST-ZIP NAPLES, FL 34110	TITLE DVP NAME Sandra Howland <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS C/O STOCK C.S. CITY-ST-ZIP 4980 Tamiami Trail North, #101 NAPLES, FL 34103				
TITLE TD NAME BLACK, BRAD <input type="checkbox"/> Delete STREET ADDRESS 5692 STRAND COURT CITY-ST-ZIP NAPLES, FL 34110	TITLE DST NAME JACK DONOVAN <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS C/O STOCK COMMUNITY SERVICES CITY-ST-ZIP 4980 Tamiami Trail North, Suite #101 NAPLES, FL 34103				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <i>Don Halloran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/24/06 239-449-1078 <small>Daytime Phone #</small>	