I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: CHRIS MORGAN

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0100006546

Entity Name: MUSTANG ISLAND ROADWAY ASSOCIATION, INC.

## **Current Principal Place of Business:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104

# **Current Mailing Address:**

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104 US

# FEI Number: 51-0421480

## Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215 NAPLES, FL 34104 US

City-State-Zip: NAPLES FL 34104

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	ANDY PROVOST		04/24/2023
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	SECRETARY, DIRECTOR	Title	PRESIDENT
Name	PUSILLO, ANTHONY	Name	DONOVAN, JOHN VINCENT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER		
Name	MORGAN, CHRIS		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE 215		

TREASURER

FILED Apr 24, 2023 Secretary of State 7958097243CC

Certificate of Status Desired: No

04/24/2023 Date