

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004296

Entity Name: MASHTA ISLAND ASSOCIATION, INC.**Current Principal Place of Business:**621 S. MASHTA DR.
KEY BISCAYNE, FL 33149**Current Mailing Address:**621 S. MASHTA DR.
KEY BISCAYNE, FL 33149**FEI Number:** 26-6946517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAGUE, BRIAN P
640 NORTH MASHTA DRIVE
KEY BISCAYNE, FL 33149 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DE CORRAL, MARGARITA
Address	520 NORTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	T
Name	ORTEGA, EILEEN
Address	621 SOUTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	HERNANDEZ-DESSAUER, ALEX
Address	540 WEST MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	V
Name	ALFONSO, MARY (MOLLY) R
Address	711 SOUTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	S
Name	PISCIOTTA, LISA
Address	421 SOUTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	ROTHFELDT, MARC
Address	481 SOUTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149

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: EILEEN ORTEGA**TREASURER****02/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date