

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90658 047 ****61.25

DOCUMENT # 758379

1. Entity Name

MISTY SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1369A-1A #13
 SATELLITE BEACH FL 32937
 US

Mailing Address

1369A-1A #13
 SATELLITE BEACH FL 32937
 US

B0063653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ROSSEAU, DAVID
5025 MALABAR BLVD
MELBOURNE BCH FL 32951

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSSEAU, DAVID	
STREET ADDRESS	5025 MALABAR BLVD	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DURNAN, JOHN	
STREET ADDRESS	1369 A1A UNIT 4	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	MOHAN, JACQUELINE	
STREET ADDRESS	1369 A1A UNIT 2	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PETER LYNCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1369 A1A UNIT 6	
STREET ADDRESS	SATELLITE BEACH FL 32937	
CITY-ST-ZIP		
TITLE	Phillip Sullivan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1369 A1A UNIT 1	
STREET ADDRESS	SATELLITE BEACH, FL 32937	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

David Rosseau **REQUIREDAVIS ROSSEAU**

4-5-02

321-951-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)