

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 027 ****61.25

DOCUMENT # 758379

1. Entity Name
MISTY SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1369 HWY A1A
#13
SATELLITE BEACH, FL 32937 US**

Mailing Address

**~~1369 HWY A1A~~ R.O. Box ~~13~~ 2978
#13
SATELLITE BEACH, FL 32937 US**



04222005 No Chg-NP

CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**ROSSEAU, DAVID
5025 MALABAR BLVD
MELBOURNE BCH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSEAU, DAVID
STREET ADDRESS	5025 MALABAR BLVD
CITY-ST-ZIP	MELBOURNE BCH, FL 32937
TITLE	VPD
NAME	VIOLIOTTE, DEAN
STREET ADDRESS	1305 GIRARD BLVD
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	SD
NAME	SMITH, DOTTIE Tony ALLONGA
STREET ADDRESS	4216 B LAKE UNDERHILL 8900 S.W. 47TH ST.
CITY-ST-ZIP	ORLANDO, FL 32803 Miami, FL 33155
TITLE	F
NAME	SULLIVAN, MARY
STREET ADDRESS	610 E. CHURCH ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05 321-881-0201