2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State **DOCUMENT #758379** 1. Entity Fame MISTY SHORES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 2978 1369 HWY ATA SATELLITE BEACH, FL 32937 #13 SATELLITE BEACH, FL 32937 04192006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2191471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROSSEAU, DAVID 5025 MALABAR BLVD MELBOURNE BCH, FL 32951 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE INOTE: Predictored Agent signature required when reinstating U00000549345 05/13/06-80016-016 61.25 2. Election Campaign Financing \$5.00 May Be Fillag Fee is \$61.25 Trust Fund Contribution. Added to Feet Due by May 1, 2006 OFFICERS AND DIRECTORS 10. 77T# F PD NAME ROSSEAU, DAVID STREET AUDRESS 5025 MALABAR BLVD CATY-ST-ZIP MELBOURNE BCH, FL 32937 TITLE VPD MAME VIOLIOTTE, DEAN STREET ADDRESS 1305 GIRARD BLVD CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME ALLONGA, TONY STREET ADDRESS 8500 SW 47TH STREET DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33155 IN THIS SPACE KALE NAME STREET ADDRESS CITY-ST-ZIP THILE

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 at other like empowered.

SIGNATURE:

HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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