


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 08:00 A
Secretary of State

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 P.O. BOX 2978 SATELLITE BEACH, FL 32937 US
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

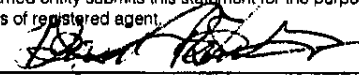
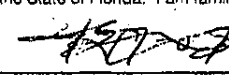
4. FEI Number 59-2191471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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:  DATE: 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSEAU, DAVID 5025 MALABAR BLVD MELBOURNE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VIOLETTE, DEAN 1305 GIRARD BLVD PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLONGA, TONY 8500 SW 47TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/07-80067-016 61.25

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 all other like empowered.

SIGNATURE:  **DAVID ROSSEAU** Date: **4-17-07** Daytime Phone #: **321-298-3445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR