


**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 |
|---|--|





04152007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

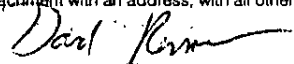
| | |
|---|--|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE:  | DATE:  |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | |

**DO NOT WRITE
IN THIS SPACE**

000000715484
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 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |