

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759185

FILED
Jan 23, 2008
Secretary of State

Entity Name: MOHAWK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8422 W GULF BLVD
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHASTEEN, PHILIP M
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: QUESADA, SUZANN
Address: 2118 FEATHER SOUND DRIVE
City-St-Zip: CLEARWATER, FL 33762

Title: PD () Delete
Name: QUESADA, FRANK
Address: 2118 FEATHER SOUND DRIVE
City-St-Zip: CLEARWATER, FL 33762

Title: DV () Delete
Name: SHASTEEN, PHILIP M.
Address: 150 SECOND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: SHASTEEN, M. LISA
Address: 2920 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP M. SHASTEEN

DV

01/23/2008

Electronic Signature of Signing Officer or Director

Date