


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008562 1. Entity Name MUSTIQUE BAY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6505 SURFSIDE BLVD APOLLO BEACH, FL 33572	Mailing Address 6505 SURFSIDE BLVD APOLLO BEACH, FL 33572
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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3686471	Applied For 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 GRANOWICZ, DONALD E 6429 HARNEY RD. TAMPA, FL 33610

**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)

**Filing Fee is \$81.25
Due by May 1, 2006**

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

02/27/06-00031-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANOWICZ, DONALD E 6429 HARNEY ROAD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RINGHAVER, LANCE 6429 HARNEY ROAD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANOWICZ, VICTOR 6429 HARNEY ROAD TAMPA, FL 33610
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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214.06 813-641-3909

Date

Daytime Phone #