

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000008562

1. Entity Name
MUSTIQUE BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6505 SURFSIDE BLVD
APOLLO BEACH, FL 33572**

Mailing Address
**6505 SURFSIDE BLVD
APOLLO BEACH, FL 33572**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3686471

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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)

DATE _____

**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 PD
NAME GRANOWICZ, DONALD E
STREET ADDRESS 6429 HARNEY ROAD
CITY-ST-ZIP TAMPA, FL 33610

TITLE VSTD
NAME RINGHAVER, LANCE
STREET ADDRESS 6429 HARNEY ROAD
CITY-ST-ZIP TAMPA, FL 33610

TITLE D
NAME GRANOWICZ, VICTOR
STREET ADDRESS 6429 HARNEY ROAD
CITY-ST-ZIP TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/10/07

Date

813 641-3909

Daytime Phone #