

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90155 049 *****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-NP

CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name **DAVID HOGLUND**

Street Address (P.O. Box Number is Not Acceptable)

6518 SURFSIDE BLVD.

City **APOLLO BEACH**

FL

Zip Code **33572**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Addition
NAME **DAVID HOGLUND (PD)**
STREET ADDRESS **6518 SURFSIDE BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☒ Addition
NAME **LANCE RINGHAVER (TD)**
STREET ADDRESS **6522 SURFSIDE BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Change ☒ Addition
NAME **BARRY KEARNEY**
STREET ADDRESS **329 LAKE DRIVE**
CITY-ST-ZIP **BRANDON, FL 33510 (VD)**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

4-15-08 8136459140