# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
05-29-2002 90125 035 ****61.25
02 SEP 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000673

1. Entity Name

MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8825 TAMIAMI TR E<br>NAPLES FL 33962 | 8825 TAMIAMI TR E<br>NAPLES FL 33962 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1083655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NOVATT, JEFF M ESQ<br>2640 GOLDEN GATE PKWY, STE 115<br>NAPLES FL 34105 | Name: Brian Stock<br>Street Address (P.O. Box Number is Not Acceptable): 8946 Mustang Island Circle<br>City: Naples FL Zip Code: 34113 |

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: Brian Stock 9/13/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| After September 13, 2002, min. will be $238.25. | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>RYAN, JOSEPH<br>8825 TAMIAMI TR E<br>NAPLES FL 33962 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HUDICK, RICH<br>8825 TAMIAMI TR E<br>NAPLES FL 33962 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>DAVIDSON, ROMIE<br>8825 TAMIAMI TR E<br>NAPLES FL 33962 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 enclosed, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/19/02 239-419-8705
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #