

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91041 014 ****61.25

DOCUMENT # N01000000673 1. Entity Name MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5692 STRAND CT NAPLES, FL 34110			Mailing Address 5692 STRAND CT NAPLES, FL 34110		
2. Principal Place of Business 5801 Pelican Bay Blvd		3. Mailing Address same			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State 			
Zip 34108	Country USA	Zip 	Country 	4. FEI Number 65-1083655	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RUEMLER, TIMOTHY J 5801 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSHER, TED 5692 STRAND CT NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCARSELLA, TIMOTHY 5692 STRAND CT NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA 5692 STRAND CT NAPLES, FL 34110	☐ Delete			
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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 address, with all other like empowered.					
SIGNATURE: X [Signature] President					
Date 4-15-04 Daytime Phone # 239-598-4145					