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Jun 13, 2007 8:00 am
Secretary of State
04-23-2007 90286 024 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000673

1. Entity Name
MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.

66019000

Principal Place of Business	Mailing Address
12671 WHITEHALL DRIVE FORT MYERS, FL 33907	12671 WHITEHALL DRIVE FORT MYERS, FL 33907

03202007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Sandcastle Community Mgmt	P.O. Box 8478
Suite, Apt. #, etc. 1719 Trade Center Way, #4	Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL
Zip 34109 Country USA	Zip 34101 Country USA

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
MYERS, BRETTHOLTZ & COMPANY, PA 12671 WHITEHALL DRIVE. FT. MYERS, FL 33907	Name: DeArmas, Eduardo, c/o (Street Address/P.O. Box Number is Not Acceptable): Sandcastle Community Management, Inc. 1719 Trade Center Way, #4 City: Naples FL Zip Code: 34109

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: _____ MANAGER 6/7/07
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

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 HALLORAN, DAN 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Carey Realbuto 8897 Mustang Island Circle Naples, Fl. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCARSELLA, TIMOTHY 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Manfred Huber 8998 Mustang Island Circle Naples, Fl. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasure William H. Lee 8966 Mustang Island Circle Naples, Fl. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Fawcett 8968 Mustang Island Circle Naples, Fl. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Stu Rothman 8816 Mustang Island Circle Naples, Fl. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/18/07 239-596-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #