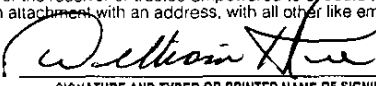


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90024 008 ****61.25

DOCUMENT # N01000000673 1. Entity Name MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SANDCASTLE COMM. MGMT 1719 TRADE CENTER WAY 4 NAPLES, FL 34109			Mailing Address PO BOX 8478 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1083655	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAUMAS, EDWARD 1719 TRADE CENTER WAY 4 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Eduardo DeArmas Street Address (P.O. Box Number is Not Acceptable) 1719 Trade Center Way Suite 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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RECILBUTO, CAREY 8897 MUSTANG ISLAND CIR NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Betty Hughes 8825 Mustang Island Circle Naples, FL 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANFIELD, HOBER 8998 MUSTANG ISLAND CIR NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William H. Lee 8966 Mustang Island Circle Naples, FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE, WILLIAM H 8966 MUSTANG ISLAND CIR NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec / Treasurer Lee Hill 8835 Mustang Island Circle Naples, FL 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWEETT, JOHN 8968 MUSTANG ISLAND CIR NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SH Rothman 8816 Mustang Island Circle Naples, FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMON, STU 8816 MUSTANG ISLAND CIR NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marianne Fagan 8983 Mustang Island Circle Naples, FL 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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 			2/12/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		