


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004296 1. Entity Name MASHTA ISLAND ASSOCIATION, INC.	
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Principal Place of Business 460 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149	Mailing Address 460 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149
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07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 26-6946517	Applied For Nor Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAGUE, BRIAN P
 640 NORTH MASHTA DRIVE
 KEY BISCAYNE, FL 33149

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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 reinstalling) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE LA CRUZ, CARLOS 460 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERNANDEZ-DESSAUER, ALEX 540 WEST MASHATA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ORTEGA, EILEEN 621 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROTHFELDT, MARC 481 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALFONSO, MOLLY 711 SOUTH MASHTA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, KAREN 560 NORTH MASHTA DRIVE KEY BISCAYNE, FL 33149

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 07/28/05-80004-021 61.25

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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: M. J. [Signature] Date: 7/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR