

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004296

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: MASHTA ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

471 NORTH MASHTA DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

471 NORTH MASHTA DRIVE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 26-6946517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FORMOSO, MARIKA G  
Address: 471 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V      ( ) Delete  
Name: TAGUE, MARY  
Address: 610 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T      ( ) Delete  
Name: ORTEGA, EILEEN  
Address: 621 SOUTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S      ( ) Delete  
Name: LEME, CLAUDIA B  
Address: 650 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D      ( ) Delete  
Name: ALFONSO, MOLLY  
Address: 711 SOUTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D      ( ) Delete  
Name: PUYANIC, MAX D  
Address: 480 SOUTH MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIKA G. FORMOSO

P

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date