

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 30, 2009
Secretary of State**

DOCUMENT# N02000004296

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: BRIAN P. TAGUE

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

Electronic Signature of Signing Officer or Director

P

10/30/2009

Date