## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000008953** 

MASTIQUE I CONDOMINIUM ASSOCIATION, INC.

## FILED Jun 16, 2006 8:00 am Secretary of State

06-16-2006 90103 023 \*\*\*\*61.25

Principal Pla								
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SUITE 200	S. FL 33912	SUITE 200 Fort Myers, FL 339	112	}				
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2. Principal	Place of Business	3. Mailing Address	<del></del>					
12761	MASTIBLE BCH. BLVD	12101 MASTI	BUE BCH. BIVI	D	111 212 (1 2 2 111 2 2 2 1 1 2 2 1 1 1 1	BALLERIEL OR		HENNE ET FREI
Suite, Ap		Suite, Apt. #, etc.			Chg-NP	CBSEO	37 (4/06)	
						UNZEU	31 (4/00)	
City & Sta		City & State	r)	4. FEI Number	I O C		<del></del>	pplied For
FT. MYE	, <u>, , , , , , , , , , , , , , , , , , </u>	11.71/0.22	FL	20-16481	105		<del></del>	ot Applicable
3393	Country	Zip 2 2 4 2 1	Country USA	5. Certificate of	Status Desired		\$8.75 Ad	
2712	6. Name and Address of Current R	77771	עכע	7 Name and As	diana of New Bea		Fee Require	D8
	6. Name and Address of Cultum K	egistereu Agent	Name	/. Name and Ad	dress of New Reg	gistered A	/gent	
KRAMER	TRIAD MANAGEMENT							
3050 N. HORSESHOE DR.			Street Address (P.O. Box Number is Not Acceptable)					
#275	P. 0404		<del></del>					
NAPLES,	FL 34104							
		•	City			FL	Zip Cod	je .
The above named entity submits this statement for the purpose of changing its registered office or re-				ared arent or both i	in the State of Elevia		acciliar with	and peconi
	thous of registered agent	The purpose of ortaligning its	Togistored emice or region	ord again, or book,		Ja	411 KHELF *11-11-11	an accept
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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	····	DATE		<del></del> .
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE  VP BERNETTE, JAFFE 12701 MASTIQUE BEACH BLVD.	9. Election Car Trust Fund ( CTORS	mpaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	e check a Depart AND DIR	ment ous ECTORS IN	E110 I 10
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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 type certifier 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 charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

6-12-00

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition