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May 09, 2007 8:00 am
Secretary of State
04-23-2007 90087 017 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66013835

DOCUMENT # N04000008953

1. Entity Name
MASTIQUE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12701 MASTIQUE BCH BLVD FORT MYERS BEACH, FL 33931	12701 MASTIQUE BCH BLVD SUITE 200 FORT MYERS BEACH, FL 33931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1648105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAMER TRIAD MANAGEMENT 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104.	Name Paul Sapp Street Address (P.O. Box Number is Not Acceptable) P & M Property Management 14360 S. Tamiami Trail, #B City Fort Myers FL Zip Code 33912

Paul L Sapp

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 Paul L Sapp 4-20-07
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, 2007

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 BERNETTE, JAFFE 12701 MASTIQUE BEACH BLVD. #404 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORDERO, ROM 24827 FOOTHILLS DR N GOLDEN, CO 80401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NELSON, GERALD 3705 OAKTON RIDGE HOPKINS, MN 55305+	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDMAN, RON 47 CCORNELL DR PLAINVIEW, NY 11803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer John Williamson 12701 Mastique Beach Blvd, #1164 Fort Myers, FL 33908 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Bernette K. Jaffe Bernette K. Jaffe April 16, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #