

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008953 1. Entity Name MASTIQUE I CONDOMINIUM ASSOCIATION, INC.	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business P&M PROPERTY MANAGEMENT 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912	Mailing Address P&M PROPERTY MANAGEMENT 14360 S. TAMiami TRAIL UNIT B FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06052008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1648105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAPP, PAUL
P&M PROPERTY MANAGEMENT
14360 S. TAMiami TRAIL #B
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
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 September 12, 2008

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													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P BERNETTE, JAFFE 12701 MASTIQUE BEACH BLVD. #404 FORT MYERS, FL 33908</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>S CORDERO, ROM 24827 FOOTHILLS DR N GOLDEN, CO 80401</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VP NELSON, GERALD 3705 OAKTON RIDGE HOPKINS, MN 55305+</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>D LANDMAN, RON 47 CCORNELL DR PLAINVIEW, NY 11803</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>T WILLIAMSON, JOHN W 12701 MASHQUE BEACH BLVD #1104 FORT MYERS, FL 33908</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P BERNETTE, JAFFE 12701 MASTIQUE BEACH BLVD. #404 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	S CORDERO, ROM 24827 FOOTHILLS DR N GOLDEN, CO 80401	<input type="checkbox"/> Delete	VP NELSON, GERALD 3705 OAKTON RIDGE HOPKINS, MN 55305+	<input type="checkbox"/> Delete	D LANDMAN, RON 47 CCORNELL DR PLAINVIEW, NY 11803	<input type="checkbox"/> Delete	T WILLIAMSON, JOHN W 12701 MASHQUE BEACH BLVD #1104 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;"> U00000954283 U7/11/08-80007-008 61.25 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	U00000954283 U7/11/08-80007-008 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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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 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 the address, with all other like empowered.

SIGNATURE: JOHN W WILLIAMSON 6/25/08 (239) 481-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #