


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90084 048 \*\*\*\*61.25

<b>DOCUMENT # N47249</b>	
1. Entity Name MITCHELL BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 13710 GULF BLVD MADEIRA BEACH, FL 33708 US	Mailing Address 1013 WILSON AVE, #202 NORTH YORK, ON M3K1G-1
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40099653



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1013 WILSON AVE. #202	
City & State		City & State TORONTO, ONTARIO	
Zip	Country	Zip	Country
		M3K 1G1	CANADA

07102006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3262642	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALEJANDRO, NELSON 13706 GULF BLVD MADEIRA BEACH, FL 33708		Name ALEJANDRO, NELSON	
		Street Address (P.O. Box Number is Not Acceptable)	
		10324 GULF BLVD., UNIT #101	
		City TREASURE ISLAND	FL Zip Code 33706

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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	PD BATTISTON, EDDY J. 1013 WILSON AVE., #202 NORTH YORK, ON M3K 1G1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNTER, CRAIG 13704 GULF BLVD. MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, JEFFREY 13706 GULF BLVD MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHAN, JEFFREY 10324 GULF BLVD., #101 TREASURE ISLAND, FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAUGHAN, DIANE 16201 SAN SOLES DE AVILA TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  EDDY J. BATTISTON 11/7/06 (416) 630-7151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES./DIRECTOR Date Daytime Phone #