

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000673

Entity Name: MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5495 BRYSON DRIVE, SUITE #412
NAPLES, FL 34109

Current Mailing Address:

5495 BRYSON DRIVE, SUITE #412
NAPLES, FL 34109

FEI Number: 65-1083655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUTZ, TRAVOR
5495 BRYSON DRIVE, SUITE #412
NAPLES, FL 34109 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CHEVRETTE, EMIL
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name SMITH , JEFFREY
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name TOOKE, ROBERT
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name BULARZIK, ANNE MARIE
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name FAUGHT , DONALD
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: EMILE CHEVRETTE

VICE PRESIDENT

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date