

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000673

Entity Name: MUSTANG ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRECEDENT HOSPITALITY
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716

Current Mailing Address:

C/O PRECEDENT HOSPITALITY
570 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716 US

FEI Number: 65-1083655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARNUM
VARNUM LAW
4501 TAMiami TRAIL N SUITE 350
NAPLES, FL 34103 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: ELIJAH STUBBLEFIELD

02/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHRISTIANSON, MELINDA
Address C/O PRECEDENT HOSPITALITY
 570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name DYKE, KERMIT
Address C/O PRECEDENT HOSPITALITY
 570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name GRASER, JACK
Address C/O PRECEDENT HOSPITALITY
 570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name RANDALL, CRAIG
Address C/O PRECEDENT HOSPITALITY
 570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

Title VP
Name ADAMS, THOMAS
Address C/O PRECEDENT HOSPITALITY
 570 CARILLON PARKWAY SUITE 210
City-State-Zip: ST. PETERSBURG FL 33716

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: MELINDA CHRISTIANSON

PRESIDENT

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date