

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000000632

1. Entity Name

HOMEOWNERS ASSOCIATION OF SISSON MEADOWS, INC.



FILED
Jan 23, 2007 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
2825 BUSINESS CENTER BLVD 2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK, STE C-1 WICKHAM BUSINESS PARK, STE C-1
MELBOURNE FL 32940 MELBOURNE FL 32940



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number 54-2144812

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIMMS, DONALD L
2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK, STE C-1
MELBOURNE FL 32940

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

FILE NOW: 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

TITLE PD ☐ Delete
NAME SIMMS, DONALD L
STREET ADDRESS 2825 BUSINESS CENTER BLVD, STE C-1
CITY-STATE-ZIP MELBOURNE FL 32940

TITLE VPS ☐ Delete
NAME MOLITOR, ROGER
STREET ADDRESS 2825 BUSINESS CENTER BLVD, STE C-1
CITY-STATE-ZIP MELBOURNE FL 32940

TITLE SD ☐ Delete
NAME REITER, DEANNA M
STREET ADDRESS 2825 BUSINESS CENTER BLVD, STE C-1
CITY-STATE-ZIP MELBOURNE FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000599845
CITY-STATE-ZIP 01/25/07-80044-001 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* 1-10-07 320 258-0202