


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000003954</b>	
1. Entity Name <b>MISSION SQUARE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1575 PINE RIDGE ROAD SUITE 16 NAPLES, FL 34109</b>	Mailing Address <b>1575 PINE RIDGE ROAD SUITE 16 NAPLES, FL 34109</b>
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02222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1047824</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VOGEL, JAMES D ESQ. VOGEL LAW OFFICE P.A. 3936 TAMiami TRAIL NORTH, SUITE B NAPLES, FL 34103</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000475276  
04/05/06-80009-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPANO, ANTHONY 1575 PINE RIDGE ROAD, SUITE 5 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACKERMAN, BRETT A 4288 SILVER FOX DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FROST, JONATHAN M 1575 PINE RIDGE ROAD, SUITE 12 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZORN, GREGORY B 1575 PINE RIDGE ROAD, SUITE 16 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  - Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 239 598 4826  
Date Daytime Phone #