


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N04000003954
 1. Entity Name
MISSION SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1575 PINE RIDGE ROAD
SUITE 16
NAPLES, FL 34109

Mailing Address
1575 PINE RIDGE ROAD
SUITE 16
NAPLES, FL 34109



02222006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-1047824 / Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VOGEL, JAMES D ESQ.
VOGEL LAW OFFICE P.A.
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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