


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003776		
1. Entity Name MISSION ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business PO BOX 687 NOKOMIS, FL 34274-0687		Mailing Address PO BOX 687 NOKOMIS, FL 34274-0687
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADDERLEY, ARTHUR 2325 SONOMA DR. NOKOMIS, FL 34275		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADDERLEY, ARTHUR 2325 SONOMA DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOWERS, DOUG 2221 SONOMA DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EALES, TRICIA 2246 SONOMA DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Arthur J Adderley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ARTHUR J ADDERLEY PRESIDENT Date 1/12/04 Daytime Phone # 941-486-0674



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0740825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/16/04-80046-014 61.25

**DO NOT WRITE
IN THIS SPACE**