2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90052 003 ****61.25

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1. Entity Name
MISSION ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 687 NOKOMIS, FL 34274-0687	PO BOX 687 NOKOMIS, FL 34274-0687

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0740825 ☐ Applied For ☐ Not Applicable

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
ADDERLEY, ARTHUR 2325 SONOMA DR. NOKOMIS, FL 34275	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 _____ 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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADDERLEY, ARTHUR 2325 SENMOMA DR. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Donald E Duran 2390 Sonoma Dr W. Nokomis, FL, 34275	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STOWERS, DOUG 2221 SONOMA DR. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Barbara Von-Papen 2398 Sonoma Dr W Nokomis FL 342475	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST EALES, TRICIA 2246 SONOMA DR. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Denise Rizzo 2446 Sonoma Dr. W. Nokomis FL 34275	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald E Duran Donald E Duran President 1/23/05 (941) 488-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #