

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08072007 Chg-NP CR2E037 (12/06)

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

DURAN, DONALD E DP
2390 SONOMA DR. W.
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

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

Richard Calo - President of MEHA

8/13/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reconstituting)

DATE

Amended AR is \$61.25

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 DP ☐ Delete
NAME CALO, RICHARD
STREET ADDRESS 2270 SONOMA DR E.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE DST ☒ Delete
NAME RIZZO, DENISE
STREET ADDRESS 2446 SONOMA DR W
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
400108855604
08/31/07--01005--007 **\$61.25

DVP ☐ Change ☒ Addition
RANKIN, JOHN
2334 SONOMA DR. W.
NOKOMIS, FL 34275

DST ☐ Change ☒ Addition
HAULICK, MADELEINE
2406 SONOMA DR W.
NOKOMIS, FL 34275

TREAS ☐ Change ☒ Addition
BERNSTEIN, DIANA
2205 SONOMA DR E.
NOKOMIS, FL 34275

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Richard Calo RICHARD CALO

8/13/07

(941) 485-8938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28/21