

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90126 011 ****61.25

DOCUMENT # N97000003776

1. Entity Name

MISSION ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

~~STE. 10, 635 S. ORANGE AVE.~~
~~SARASOTA FL 34236~~

P.O. Box 687
NOKOMIS
FL, 34274

Mailing Address

~~STE. 10, 635 S. ORANGE AVE.~~
~~SARASOTA FL 34236~~

2. Principal Place of Business

P.O. Box 687

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 687

Suite, Apt. #, etc.

City & State

NOKOMIS FL

City & State

~~FLORIDA~~ NOKOMIS FL

Zip

34274-0687

Country

SARASOTA

Zip

34274-0687

Country

SARASOTA

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

BROWN, KEITH
635 S ORANGE AVE
STE 10
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: ARTHUR ADDERLEY
Street Address (P.O. Box Number is Not Acceptable)
2325 SONOMA DRIVE
City: NOKOMIS FL Zip Code: 34275

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 ARTHUR ADDERLEY PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

Arthur Adderley

1/13/2003

DATE

FILE NOW: FEE 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 | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, KEITH | |
| STREET ADDRESS | 635 S ORANGE STE 16 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | MARTINEAU, ROBERT | |
| STREET ADDRESS | 6355 ORANGE STE 16 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | DST | <input checked="" type="checkbox"/> Delete |
| NAME | NAYLOR, CHARLES | |
| STREET ADDRESS | 635 S ORANGE AVE STE 16 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARTHUR ADDERLEY | |
| STREET ADDRESS | 2325 SONOMA DRIVE | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUG STOWERS | |
| STREET ADDRESS | 2221 SONOMA DRIVE | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRICIA EALES | |
| STREET ADDRESS | 2246 SONOMA DRIVE | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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:

ARTHUR ADDERLEY - PRESIDENT
Arthur Adderley

1/13/2003 941 4860674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)