

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765167

Entity Name: MISSION OAKS OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2024 PORTO BLVD
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**P.O. BOX 428
NEW SMYRNA BEACH, FL 32170 US**FEI Number:** 20-3589784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, SID C JR.
418 CANAL ST.
NEW SMYRNA BEACH, FL 32168 US*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.***SIGNATURE:** SID C PETERSON, JR.

06/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BUCHANAN, JONATHAN
Address	2032 PORTO BOULEVARD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	T
Name	CARLTON, JUDITH
Address	1947 MADRE STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VP, SECRETARY
Name	LIETUWNIKAS, LAURA
Address	2095 PORTO BOULEVARD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	CARNE, FRANCIS
Address	2055 PORTO BOULEVARD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	BELANGER, THEODORE
Address	2007 PORTO BOULEVARD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	POUCHER, LINDA
Address	1947 MADRE STREET
City-State-Zip:	NEW SMYRNA BEACH FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LIETUWNIKAS**SECRETARY**

06/09/2017

Electronic Signature of Signing Officer/Director Detail

Date