

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003776

**Entity Name:** MISSION ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8437 TUTTLE AVE. #376  
SARASOTA, FL 34243**Current Mailing Address:**C/O POLARIS PROPERTY MANAGEMENT, INC.  
8437 TUTTLE AVENUE, #376  
SARASOTA, FL 34243**FEI Number:** 90-0541554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POLARIS PROPERTY MANAGEMENT, INC.  
8437 TUTTLE AVE.  
SARASOTA, FL 34243 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:** DAVID JOYNER

02/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PATETE, ANTHONY  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            VICE PRESIDENT/SECRETARY  
Name            COMPASSO, DAVID  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            ASST. SECRETARY  
Name            FAIX, JAMES  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            ASST. TREASURER  
Name            FAIX, URSULA  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            TREASURER  
Name            KELLY, NANCY  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            DIRECTOR  
Name            RANKIN, JOHN  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

Title            DIRECTOR  
Name            GORE, RANDY  
Address        8437 TUTTLE AVE. #376  
City-State-Zip: SARASOTA FL 34243

*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:** JAMES M FAIX

AST. SECRETARY

02/27/2020

Electronic Signature of Signing Officer/Director Detail

Date