## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003776

Entity Name: MISSION ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 14, 2014
Secretary of State
CC3514039242

## **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 03/14/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleVP, DIRECTORNameROSEN, DAVIDNamePLATT, SHANE

Address 8437 TUTTLE AVE. #376 Address 8437 TUTTLE AVE. #376
City-State-Zip: SARASOTA FL 34243 City-State-Zip: SARASOTA FL 34243

Title SECRETARY/TRESSURER Title ASST. SECRETARY

Name BUCCIARELLI, DENNIS Name FAIX, JAMES

Address 8437 TUTTLE AVE. #376 Address 8437 TUTTLE AVE. #376
City-State-Zip: SARASOTA FL 34243 City-State-Zip: SARASOTA FL 34243

Title ASST. TREASURER
Name FAIX, URSULA

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 FAIX ASSISTANT SECRETARY 03/14/2014