

2021 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 DODSON PROPERTY MANAGEMENT, INC.
8437 TUTTLE AVENUE, #376
SARASOTA, FL 34243 US**FEI Number:** 90-0541554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DODSON PROPERTY MANAGEMENT
8437 TUTTLE AVE #376
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:** MELISSA STIP

01/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name USHIO, THOMAS
Address 8437 TUTTLE AVE. #376
City-State-Zip: SARASOTA FL 34243

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

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

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

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

Title TREASURER
Name CHABINO, BOBBIE
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: MELISSA STIP**MANAGING AGENT,
DODSON PROPERTY
MANAGEMENT**

01/25/2021

Electronic Signature of Signing Officer/Director Detail

Date