

2018 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

04/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MOPPS, CHARLES
Address C/O POLARIS PROPERTY
 MANAGEMENT, INC.
 8437 TUTTLE AVENUE, #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 SECRETARY/TRESSURER
Name BUCCIARELLI, HOLLY
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 VP
Name SMITH, MURRAY
Address C/O POLARIS PROPERTY
 MANAGEMENT, INC.
 8437 TUTTLE AVENUE, #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

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date