

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 2009
Secretary of State

DOCUMENT# 729125

Entity Name: MISSION OAKS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., STE. 110
LARGO, FL 33770 US**New Principal Place of Business:**9350 OAKHURST ROAD
SEMINOLE, FL 33540 US**Current Mailing Address:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., STE. 110
LARGO, FL 33770 US**New Mailing Address:**C/O RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US**FEI Number:** 57-1563414**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC.
5901 US 19 N.
SUITE 7Q
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: DEBRA REINHARDT

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KOMAR, HELEN
Address: 13812 MISSION OAKS BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: FRAY, MARION
Address: 13930 MISSION OAKS BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: KAHN, ARTHUR
Address: 13717 MISSION OAKS BLVD.
City-St-Zip: SEMINOLE, FL 33776

Title: PD () Delete
Name: HRONEK, MARY J
Address: 9030 MISSION OAKS BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: SD () Delete
Name: SYNNOTT, MARTHA
Address: 13915 MISSION OAKS BLVD.
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MCDOUGAL, JOANN
Address: 13815 MISSION OAKS BLVD.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY JANE HRONEK

P

06/19/2009

Electronic Signature of Signing Officer or Director

Date