


2007 NGT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 748096	
1. Entity Name MISSION VIEJO CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6944 PALMETTO CIR. SO. #301 BOCA RATON, FL 33433	Mailing Address % SCULLY COMPANY 801 OLD YORK ROAD JENKINTOWN, PA 19046 US
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1974305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCULLY, JAMES D JR 801 OLD YORK ROAD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLIN, WILLIAM 801 OLD YORK ROAD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARNER, ROBERT A 801 OLD YORK ROAD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, PETER D 801 OLD YORK ROAD JENKINTOWN, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/07-80016-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Harner **7/5/07** **(215) 987-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT A. HARNER**