

#7051
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

**Jun 30, 2008 08:00 AM
Secretary of State**



06192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1974305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000953442
06/30/08-80002-022 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. Harnar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. HARNAR

6/19/08

Date

(215) 887-8700

Daytime Phone #