


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90055 023 ****61.25

DOCUMENT # N01000004909	
1. Entity Name THE PRESERVE AT MISSION VALLEY HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 795 VANDERBILT DR NOKOMIS, FL 34275 US	Mailing Address PO BOX 1192 NOKOMIS, FL 34274
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
STELMOK, WILLIAM D 658 VANDERBILT DR NOKOMIS, FL 34275	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

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 re-registering)	
DATE _____	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	TROUP, LESTER
STREET ADDRESS	774 VANDERBILT DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TD <input type="checkbox"/> Delete
NAME	STELMOK, WILLIAM D
STREET ADDRESS	658 VANDERBILT DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	WHITENERSE, RICK
STREET ADDRESS	622 VANDERBILT DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELMOK, WILLIAM D
STREET ADDRESS	658 VANDERBILT DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, ROBERT
STREET ADDRESS	804 CORAL BEAN COVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CINDY
STREET ADDRESS	657 VANDERBILT DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 the empowered.	
SIGNATURE: <i>William D. Stelmok</i>	WILLIAM D. STELMOK 1-407 (941) 740-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



01042007 Chg-NP CR2E037 (12/06)