2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N01000004909

Entity Name: THE PRESERVE AT MISSION VALLEY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

795 VANDERBILT DR
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1192
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 65-1120249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STELMOK, WILLIAM D
658 VANDERBILT DR
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

NOONAN, ROBERT C
753 VANDERBILT DR
NOKOMIS, FL 34275 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: ROBERT C NOONAN 01/15/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STELMOK, WILLIAM D
Address: 658 VANDERBILT DR.
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete
Name: NOONAN, ROBERT
Address: 804 CORAL BEAN COVE
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Delete
Name: WRIGHT, CINDY
Address: 657 VANDERBILT DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAHAM, CHARLES
Address: 715 VANDERBILT DR.
City-St-Zip: NOKOMIS, FL 34275

Title: TD (X) Change ( ) Addition
Name: NOONAN, ROBERT C
Address: 753 VANDERBILT DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: ROBERT C NOONAN TD 01/15/2008
Electronic Signature of Signing Officer or Director Date