## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90498 006 \*\*\*\*61.25

DOCUMENT # N0200006986  1. Entity Name MISSION PARK HOMEOWNERS' ASSOCIATION, INC.				04-	04-26-2004 90498 006 ****61.25			
1350 ORANGE AVE. 1350 SUITE 100 SUIT		olling Address 50 ORANGE AVE. HTE 100 NTER PARK, FL 32789		100/00/01/04/04/04	54039845			
2. Principal Place of Business 3. Mai		iling Address		]	<u>                                   </u>	NIN BRUIR BUIRE IBIRE IBIRE BII	HE DI 1991	
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	uite, Apt. #, etc.		ng-NP (	CR2E037 (10/03)		
City & State C		ity & State		4. FEI Number 41-206255	9	<del> </del>	plied For. t Applicable	
Zip	Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Regis	tered Agent		7. Name and Add	ress of New Regi	Istered Agent		
PHILLIPS, ROGER V			Name	- Name -				
ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE., SUITE 100			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	PARK, FL 32789							
			City			FL Zip Code	•	
	named entity submits this statement for the prions of registered agent.	urpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of Florid	a. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	I applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)		DATE VI-		
and the second s	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		e check payable to a Department of St		
10.	Due by May 1, 2004  OFFICERS AND DIRECTO	Trust Fund Co		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida	Department of St	ate	
10.  TITLE  NAME	OFFICERS AND DIRECTO D HISS, STEVE	Trust Fund Co	TITLE NAME	Added to Fees	Florida	Department of St	ate	
10.	Due by May 1, 2004  OFFICERS AND DIRECTO	Trust Fund Co	ntribution.	Added to Fees	Florida	Department of St	ate 10	
10.  FITLE NAME ' STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004  OFFICERS AND DIRECTO  D HISS, STEVE 1155 S SEMORAN BLVD STE 1118 WINTER PARK, FL 32792 D PEREZ, DENNIS 1155 S SEMORAN BLVD STE 1118	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St	ate 10	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Due by May 1, 2004  OFFICERS AND DIRECTO  HISS, STEVE  1155 S SEMORAN BLVD STE 1118  WINTER PARK, FL 32792  D  PEREZ, DENNIS  1155 S SEMORAN BLVD STE 1118  WINTER PARK, FL 32792	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE CITY-ST-ZIP	Added to Fees	Florida	AND DIRECTORS IN  Change	ate 10 Addition	
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Due by May 1, 2004  OFFICERS AND DIRECTO  HISS, STEVE  1155 S SEMORAN BLVD STE 1118  WINTER PARK, FL 32792  D  PEREZ, DENNIS  1155 S SEMORAN BLVD STE 1118  WINTER PARK, FL 32792	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE CITY-ST-ZIP	Added to Fees	Florida	AND DIRECTORS IN  Change	ate 10 Addition	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.16.04

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