

# 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 # N02000006986**

**1. Entity Name**  
**MISSION PARK HOMEOWNERS' ASSOCIATION, INC.**



**Principal Place of Business**  
1350 ORANGE AVE.  
SUITE 100  
WINTER PARK, FL 32789

**Mailing Address**  
1350 ORANGE AVE.  
SUITE 100  
WINTER PARK, FL 32789

**54039845**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
41-2062559

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

PHILLIPS, ROGER V  
ATTWOOD-PHILLIPS INC.  
1350 ORANGE AVE., SUITE 100  
WINTER PARK, FL 32789

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Delete  
NAME HISS, STEVE  
STREET ADDRESS 1155 S SEMORAN BLVD STE 1118  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PEREZ, DENNIS  
STREET ADDRESS 1155 S SEMORAN BLVD STE 1118  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SANTIAGO, LUIS  
STREET ADDRESS 1155 S SEMORAN BLVD STE 1118  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME LIPPERT, DEBBIE  
STREET ADDRESS 1155 S SEMORAN BLVD STE 1118  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☒ Change ☐ Addition  
NAME MARGALYN ANDERSON  
STREET ADDRESS SAME  
CITY-ST-ZIP SAME

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. I hereby certify that the information supplied with this filing 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

Date

Daytime Phone #

4.16.04

407 678 3939