

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0200Q006986**

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

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, 2006**

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 PD ☐ Delete  
NAME ZEUNER, FRANK  
STREET ADDRESS 3235 CALLERTON RD  
CITY-ST-ZIP CLERMONT, FL 34714

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000007478281  
04/07/06-80024-019 61.25**

TITLE VD ☐ Delete  
NAME VAZQUEZ, JERRY  
STREET ADDRESS 15213 MARKHAM DR  
CITY-ST-ZIP CLERMONT, FL 34714

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

TITLE SD ☐ Delete  
NAME VILLAROSE, KATHY  
STREET ADDRESS 3341 CALLERTON RD  
CITY-ST-ZIP CLERMONT, FL 34714

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

TITLE TD ☐ Delete  
NAME PECORILLI, LORI  
STREET ADDRESS 3340 CALLERTON RD  
CITY-ST-ZIP CLERMONT, FL 34714

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

*Frank Zeuner* **FRANK ZEUNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**3-7-2006**