Jul 10 08 03:56p michael holness-

Jul. 10. 2008 3:39PM ATTWOOD PHILLIPS INC 7/1

**FILED**
**Aug 07, 2008 8:00 am**
**Secretary of State**
07-14-2008 90026 006 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000006986

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ATTWOOD-PHILLIPS INC<br>1350 ORANGE AVE STE 100<br>WINTER PARK, FL 32789-4932 | C/O ATTWOOD-PHILLIPS INC<br>1350 ORANGE AVE STE 100<br>WINTER PARK, FL 32789 |

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03312008 Chg-NP CR2E037 (12/06)

| 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 |

4. FEI Number 41-2062559 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WEAN & MALCHOW PA<br>646 E COLONIAL DR<br>ORLANDO, FL 32803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ZEUNER, FRANK<br>3235 CALLERTON RD<br>CLERMONT, FL 34714 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RON STEG, VP<br>15313 MARKHAM DRIVE<br>CLERMONT, FL. 34714 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VAZQUEZ, JERRY<br>15213 MARKHAM DR<br>CLERMONT, FL 34714 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHESTER MAKS, S<br>3034 MERLOT WAY<br>CLERMONT, FL 34714 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS (P)<br>HOLNESS, ZONA<br>3034 MERLOT WAY<br>CLERMONT, FL 34714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PECORILLI, LORI<br>3340 CALLERTON RD<br>CLERMONT, FL 34714 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JAY COLE, T<br>3125 FAIRMONT DRIVE<br>CLERMONT, FL 34714 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: Zona Holness 7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date