

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003954

FILED
Apr 19, 2007
Secretary of State

Entity Name: MISSION SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1575 PINE RIDGE ROAD
SUITE 16
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1575 PINE RIDGE ROAD
SUITE 16
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1047824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGEL, JAMES D ESQ.
VOGEL LAW OFFICE P.A.
3936 TAMiami TRAIL NORTH, SUITE B
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPANO, ANTHONY
Address: 1575 PINE RIDGE ROAD, SUITE 5
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: ACKERMAN, BRETT A
Address: 4288 SILVER FOX DR
City-St-Zip: NAPLES, FL 34119

Title: SEC () Delete
Name: FROST, JONATHAN M
Address: 1575 PINE RIDGE ROAD, SUITE 12
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: ZORN, GREGORY B
Address: 1575 PINE RIDGE ROAD, SUITE 16
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARREN SCHOOF

MGR

04/19/2007

Electronic Signature of Signing Officer or Director

Date