


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90050 009 \*\*\*\*61.25

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # N05000008752</b><br>1. Entity Name<br><b>MISSION CARMEL CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>2245 VENETIAN CT<br/>SUITE 4<br/>NAPLES, FL 34109</b>  |  | Mailing Address<br><b>2245 VENETIAN CT<br/>SUITE 4<br/>NAPLES, FL 34109</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1300 W North Blvd.</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>1300 W North Blvd.</b><br>Suite, Apt. #, etc.   |   |
| City & State<br><b>Leesburg FL</b><br>Zip<br><b>34748</b>  |  | City & State<br><b>Leesburg FL</b><br>Zip<br><b>34748</b>  |   |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |   |
| 4. FEI Number<br><b>20-3363931</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BATEMAN, ARTHUR L<br/>2245 VENETIAN CT<br/>SUITE 4<br/>NAPLES, FL 34109</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Thomas N Grizzard</b><br>Street Address (P.O. Box Number & Not Acceptable)<br><b>1300 W North Blvd.</b><br>City <b>Leesburg</b> <b>FL</b> Zip Code <b>34748</b> |   |
| 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.<br><br>SIGNATURE <b>X. [Signature]</b><br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>   |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br><b>BATEMAN, A.L.<br/>2245 VENETIAN CT SUITE 4<br/>NAPLES, FL 34109</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Denver Isaacs<br/>18 Lakeshore Dr<br/>Yalaha FL 32860</b>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br><b>DERSCH, JOYCE<br/>2245 VENETIAN CT SUITE 4<br/>NAPLES, FL 34109</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>George Wanberg<br/>13 Camino Real<br/>Howey In The Hills, FL 34737</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br><b>DULANEY, JO ANN<br/>2245 VENETIAN CT SUITE 4<br/>NAPLES, FL 34109</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Gerard Lyons<br/>14 Camino Real<br/>Howey In The Hills, FL 34737</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |   |
| <b>SIGNATURE: X. [Signature]</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <b>4-11-07</b> <b>352-324-2743</b><br><small>Date Daytime Phone #</small>  |   |