

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008752

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** MISSION CARMEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 W NORTH BLVD  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1300 W NORTH BLVD  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 20-3363931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIZZARD, THOMAS  
1300 W NORTH BLVD  
LEESBURG, FL 34748 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: PD ( ) Delete  
Name: VEASEY, RHONDA  
Address: 64 CAMMO BAY  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VD ( ) Delete  
Name: LUTKUS, ANTHONY  
Address: 84 CAMMO BEAL  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: STD ( ) Delete  
Name: HAY, ROBERT  
Address: 163 GRIFFI POND RD.  
City-St-Zip: BREWSTER, MA 02631

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LUTKUS, ANTHONY  
Address: 84 CAMMO REAL  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: STD (X) Change ( ) Addition  
Name: BEAU, JOHN  
Address: 23 CAMINO REAL  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY LUTKUS

PD

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date