


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 021 \*\*\*\*70.00

<b>DOCUMENT # N06000005596</b>			
1. Entity Name <b>MISSION RISE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>720 ALMOND STREET CLERMONT, FL 34711</b>		Mailing Address <b>720 ALMOND STREET CLERMONT, FL 34711</b>	
2. Principal Place of Business - No P.O. Box # <b>11405 W. COLONIAL DRIVE</b>		3. Mailing Address <b>P.O. BOX 120188</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OAKLAND, FL</b>		City & State <b>CLERMONT, FL</b>	
Zip <b>34787</b>	Country	Zip <b>34712-0188</b>	Country
6. Name and Address of Current Registered Agent <b>LANGLEY, RICHARD H 720 ALMOND STREET CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name <b>RICHARD H. LANGLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>11405 W. COLONIAL DRIVE</b> City <b>OAKLAND, FL</b> <b>FL</b> Zip Code <b>34787</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. SIGNATURE <u><i>Richard H. Langley</i></u> <b>RICHARD H. LANGLEY</b> <b>2-22-08</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANGLEY, RICHARD H 720 ALMOND STREET CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. LANGLEY, RICHARD H. 11405 W. COLONIAL DRIVE OAKLAND, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANGLEY, RICHARD H JR 8233 ROXBURY ROAD LOS ANGELES, CA 90069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCOTT, DEBRA S 8521 FIRESTONE CIRCLE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number  
**20-8200926** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-08**

Date

**(407) 454-8075**

Daytime Phone #