


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

01-16-2007 90212 041 ****61.25
04-27-2007 90183 050 ****61.25

DOCUMENT # N06000008650 1. Entity Name MISSION RUN CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 4707 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			Mailing Address 4707 MICCOSUKEE ROAD TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box # 7113 Beech Ridge Trl		3. Mailing Address 7113 Beech Ridge Trl			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 65-1295314	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, MONICA M ESQ 3116 CAPITAL CIRCLE NE STE 5 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 7113 Beech Ridge Trail, Ste 1 City TALLAHASSEE FL 32312	
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>Marie Eddy</i></u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVS SKIPPER, DAVID <input type="checkbox"/> Delete 4707 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SKIPPER, STEVE <input type="checkbox"/> Delete PO BOX 15817 TALLAHASSEE, FL 32317			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVER, KEVIN <input type="checkbox"/> Delete 615 VILLAGE SQUARE BLVD UNIT 8 TALLAHASSEE, FL 32312			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
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: <u><i>Marie Eddy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/23/07</u> Daytime Phone # <u>850-894-1919</u>	