

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90021 046 \*\*\*\*61.25

<b>DOCUMENT # N06000008650</b>					
<b>1. Entity Name</b> MISSION RUN CONDOMINIUMS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			<b>Mailing Address</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business - No P.O. Box #</b> 1607 VILLAGE SQ. BLVD Suite, Apt. #, etc. Ste 8		<b>3. Mailing Address</b> 1607 VILLAGE SQ. BLVD. Suite, Apt. #, etc. Ste 8			
<b>City &amp; State</b> TALLAHASSEE, FL		<b>City &amp; State</b> TALLAHASSEE, FL		<b>4. FEI Number</b> 65-1295314	
<b>Zip</b> 32309		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EDDY, MARIE 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			<b>7. Name and Address of New Registered Agent</b> Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 1607 VILLAGE SQ. BLVD. STE 8 City: TALLAHASSEE FL Zip Code: 32309		
<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.</b> SIGNATURE: <i>[Signature]</i> DATE: 2/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>		
<b>TITLE</b> DVS <b>NAME</b> SKIPPER, DAVID <b>STREET ADDRESS</b> 4707 MICCOSUKEE ROAD <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> SKIPPER, STEVE <b>STREET ADDRESS</b> PO BOX 15817 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> SILVER, KEVIN <b>STREET ADDRESS</b> 615 VILLAGE SQUARE BLVD UNIT 8 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">2/15/08 850-8941919</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					