

FILED
Jul 10, 2007 8:00 am
Secretary of State

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DOCUMENT # N06000012785				Secretary of State 07-10-2007 90006 016 ***61.25	
1. Entity Name MISSION OVERLOOK CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 508-A CAPITAL CIR SE TALLAHASSEE, FL 32301		Mailing Address 508-A CAPITAL CIR SE TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number ☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNER, DOUGLAS E 508-A CAPITAL CIR SE TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when nonstate) _____ DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing ☐ \$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	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	TURNER, DOUGLAS E		STREET ADDRESS		
CITY-ST-ZIP	508-A CAPITAL CIR SE TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	DV BRIDGES, DARON		STREET ADDRESS		
CITY-ST-ZIP	508-A CAPITAL CIR SE TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	DST O'REILLY, JOHN		STREET ADDRESS		
CITY-ST-ZIP	508-A CAPITAL CIR SE TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		7-3-07		850 6564663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	