

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012785

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** MISSION OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

508-A CAPITAL CIR SE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

508-A CAPITAL CIR SE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

TURNER, DOUGLAS E  
508-A CAPITAL CIR SE  
TALLAHASSEE, FL 32301      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:                      DPST                      ( ) Delete  
Name:                      TURNER, DOUGLAS E  
Address:                      508-A CAPITAL CIR SE  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      DV                      ( ) Delete  
Name:                      BRIDGES, DARON  
Address:                      508-A CAPITAL CIR SE  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title:                      DVP                      (X) Change ( ) Addition  
Name:                      SMITH, LINDA H  
Address:                      508-A CAPITAL CIR SE  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      DVP                      ( ) Change (X) Addition  
Name:                      RICHARDSON, CLYDE F  
Address:                      508-A CAPITAL CIRCLE SE  
City-St-Zip:                      TALLAHASSEE, FL 32301

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: DOUGLAS E. TURNER

DPST

04/23/2009

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

\_\_\_\_\_  
Date