

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 29, 2009**  
**Secretary of State**

DOCUMENT# N06000012785

**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:**528 E. PARK AVENUE  
TALLAHASSEE, FL 32301**Current Mailing Address:**508-A CAPITAL CIR SE  
TALLAHASSEE, FL 32301**New Mailing Address:**528 E. PARK AVENUE  
TALLAHASSEE, FL 32301**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:**ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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: DAN ISAACS

04/29/2009

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 32301Title: DVP (X) Delete  
Name: SMITH, LINDA H  
Address: 508-A CAPITAL CIR SE  
City-St-Zip: TALLAHASSEE, FL 32301Title: DVP (X) Delete  
Name: RICHARDSON, CLYDE F  
Address: 508-A CAPITAL CIRCLE SE  
City-St-Zip: TALLAHASSEE, FL 32301**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 TURNER

DPST

04/29/2009

Electronic Signature of Signing Officer or Director

Date