

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 029 ****61.25

DOCUMENT # N31060

1. Entity Name
MISSION PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**14580 TAMIAMI TRAIL
SUITE A
NORTH PORT, FL 34287 US**

Mailing Address

**14580 TAMIAMI TRAIL
SUITE A
NORTH PORT, FL 34287 US**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2971025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, DEBORAH S.
14580-A TAMIAMI TRAIL
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENE, DEBORAH S
STREET ADDRESS	20299 QUESADA AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	GRUBBS, STANLEY
STREET ADDRESS	4493 ULMAN AVE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	AMMAZ, LONNY
STREET ADDRESS	201 OROUNA AVE
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LONNY AMMAZ

1-04-05

941-423-2613

Date

Daytime Phone #