

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2001 8:00 am
Secretary of State

01-26-2001 90133 004 ****61.25

DOCUMENT # N97000001565

1. Entity Name

MISSION SONOMA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**10400 CR 48
HOWEY-IN-THE-HILLS FL 34737
US**

Mailing Address

**10400 CR 48
HOWEY-IN-THE-HILLS FL 34737
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-3442946

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LINE, THOMAS P
10400 CR 48
HOWEY-IN-THE-HILLS FL 34737**

7. Name and Address of New Registered Agent

Name

RICHARD WEIL

Street Address (P.O. Box Number is Not Acceptable)

404 CAMINO REAL

City

HOWEY-IN-THE-HILLS FLZip Code
34737

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.

SIGNATURE Richard Weil

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

(NOTE: Registered Agent signature required when reinstating)

01/15/01

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEUCHER, ROBERT B	
STREET ADDRESS	10400 CR 48	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PURSER, MICHELLE	
STREET ADDRESS	10400 CR 48	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LINE, THOMAS P	
STREET ADDRESS	10400 CR 48	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD WEIL	D
STREET ADDRESS	404 CAMINO REAL	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD McCLEARY	D
STREET ADDRESS	401 CAMINO REAL	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MUTO	D
STREET ADDRESS	2944 PLANTATION ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LENZE	D
STREET ADDRESS	704 CAMINO REAL	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01

Date

352-324-3451

Daytime Phone #

CR2E037 (10/00)