


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90029 008 ****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 300 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737 US
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44011993



2. Principal Place of Business 300 CAMINO REAL Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Howey-In-The-Hills FL		City & State	
Zip 34737	Country LAKE	Zip	Country

02102004 Chg-NP CR2E037 (10/03)

4. FEI Number 58-3442946		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent WEIL, RICHARD 404 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737		7. Name and Address of New Registered Agent 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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEIL, RICHARD 404 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOUDEK, BRUCE 204 CAMINO REAL HOWEY IN THE HILLS, FL 34737 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Gerard Lyons 902 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUTO, RICHARD 2944 PLANTATION ROAD WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TED MOLEN 801 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LYONS, GRALD 902 CAMINO REAL HOWEY IN THE HILLS, FL 34737 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RON GOOD 302 CAMINO REAL HOWEY-IN-THE-HILLS, FL 34737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ President: _____ 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #