2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2007 08:00 AM Secretary of State

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1. Entity Name

MISSION SONOMA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

300 CAMINO REAL

HOWEY-IN-THE-HILLS, FL 34737 US

Mailing'Address

300 CAMINO REAL

HOWEY-IN-THE-HILLS, FL 34737



01182007 No Chg-NP

CR2E037 (4/06)

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	Register	ed Ageni

WEIL, RICHARD 404 CAMINO REAL

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HOWEY-IN	N-THE-HILLS, FL 34737		IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	02/14/07-80014-012 61.25		
10. HITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD WEIL, RICHARD 404 CAMINO REAL	CTORS			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737 VD LYONS, GERALD 504 CAMINO REAL HOWEY IN THE HILLS, FL 34737						
HILE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLEN, TED 801 CAMINO REAL HOWEY IN THE HILLS, FL 34737			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP	STD GOOD, RON 302 CAMINO REAL HOWEY IN THE HILLS, FL 34737		IN THIS SPACE				
HILE HAME STREET ADDRESS CITY-ST-ZIP	VD BARLIPP, MELVIN 503 CAMINO REAL HOWEY IN THE HILLS, FL 34737			ŕ			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trystee 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.

STREET ADDRESS CITY-ST-ZIP