

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 728872

1. Entity Name
THE MASTERS FIRST ASSOCIATION, INC.



Principal Place of Business
**116 FAIRWAY CT
LAKE PLACID, FL 33852 US**

Mailing Address
**116 FAIRWAY CT
LAKE PLACID, FL 33852 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1839917

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, ROGER
116 FAIRWAY CT
LAKE PLACID, FL 33852**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAPPALARDO, ANTHONY 120 FAIRWAY CT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCHAMBAULT, LINDA 21 SHORELINE DR BOX 561 BRACEBRIDGE, ONTARIO, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASTIEN, LEONARD C 1201 W. 3RD ST. CONNEERSVILLE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, ROGER 116 FAIRWAY CT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPALARDO, CAROLYN 120 FAIRWAY CT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000218986
02/08/05-80009-015 61.25

**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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 863-465-1754
Date Daytime Phone #