

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728872

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** THE MASTERS FIRST ASSOCIATION, INC.

**Current Principal Place of Business:**

122 FAIRWAY COURT  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

122 FAIRWAY COURT  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 59-1839917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORIS, RASH  
122 FAIRWAY COURT  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURDICK, STEPHEN  
Address: 118 FAIRWAY COURT  
City-St-Zip: LAKE PLACID, FL 33852

Title: SD  
Name: ARCHAMBAULT, LINDA  
Address: 21 SHORELINE DR BOX 561  
City-St-Zip: BRACEBRIDGE, ONTARIO, CANADA,

Title: VD  
Name: WERK, LOUIS  
Address: 48 OAK SILK  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD  
Name: RASH, DORIS  
Address: 122 FAIRWAY COURT  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: ELLIOTT, STEPHEN  
Address: 112 FAIRWAY COURT  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS RASH

TD

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date