NOT-FOR-PROFIT CORPORATION UNIFORM BUSINES REPORT (UBR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90155 026 ****61.25

DOCUMENT # N 18028

1. Entity Name
MASON CREEK ESTATES HOMEOWNERS ASSOC, INC

DO NOT WRITE IN THIS SPACE

20054875

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
253 S.E. Hwy 19	253 S.E. Hwy 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River FL	City & State: Crystal River FL
Zip: 34429 Country: ~~[illegible]~~ USA	Zip: 34429 Country: USA

4. FEI Number: 59-2870715 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Anne Farrior
Street Address (P.O. Box Number is Not Acceptable): 253 S.E. Hwy 19
City: Crystal River FL Zip Code: 34429

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: Anne M. Farrior 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	Lee Abrahamson	NAME	
STREET ADDRESS	328 Second St. S.	STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	CITY-ST-ZIP	
TITLE	VPD / Secretary	TITLE	
NAME	Anne Farrior	NAME	
STREET ADDRESS	253 S.E. Hwy 19	STREET ADDRESS	
CITY-ST-ZIP	Crystal River, FL 34429	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Debra Hiles	NAME	
STREET ADDRESS	1944 Meadow Dr	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	VPD	TITLE	
NAME	Donna McLeod	NAME	**IN THIS SPACE**
STREET ADDRESS	11685 Cloudy Ct	STREET ADDRESS	
CITY-ST-ZIP	Homosassa, FL 34448	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anne M. Farrior 4/28/05 352-563-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #