

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27589

FILED
Feb 18, 2008
Secretary of State

Entity Name: MASON OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2519 MASON OAKS DR
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2519 MASON OAKS DR
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-2954664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J
791 LUMSDEN ROAD #1
BRANDON, FL 33511 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: P () Delete
Name: AMES, JEFFREY
Address: 2519 MASON OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ERIC, THORN
Address: 2540 MASON OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: HAZEL, ELLEN
Address: 2542 MASON OAKS DR
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: SCHULTZ, KATHLEEN
Address: 2551 MASON OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VPD () Delete
Name: GIBBS, WILLIAM
Address: 2543 MASON OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY M. AMES

P

02/18/2008

Electronic Signature of Signing Officer or Director

Date