


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N43437 1. Entity Name MASON CREEK LANDINGS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 34448 MASON CREEK LANDINGS HOMOSASSA, FL 34448	Mailing Address 12342 WEST RESTVIEW CT HOMOSASSA, FL 34448
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01072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3129837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STALLINGS, WILLIAM  
12342 WEST RESTVIEW CT  
HOMOSASSA, FL 34448

**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: *William Stallings* *William STALLINGS* 1-7-06  
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALLINGS, WILLIAM 12342 WEST RESTVIEW COURT HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, HENRY 12236 WEST RESTVIEW CT HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALDERSON, MADISON 12364 WEST RESTVIEW COURT HOMOSASSA, FL 34448
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01/11/06-80070-009 61.25

**DO NOT WRITE  
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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 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: *William Stallings* *William STALLINGS* 1-7-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #