

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2009
Secretary of State**

DOCUMENT# N43437

Entity Name: MASON CREEK LANDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

34448 MASON CREEK LANDINGS
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

12342 WEST RESTVIEW CT
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 59-3129837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, WILLIAM
12342 WEST RESTVIEW CT
HOMOSASSA, FL 34448 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 () Delete
Name: STALLINGS, WILLIAM
Address: 12342 WEST RESTVIEW COURT
City-St-Zip: HOMOSASSA, FL 34448

Title: VPD () Delete
Name: MORRIS, HENRY
Address: 12236 WEST RESTVIEW CT
City-St-Zip: HOMOSASSA, FL 34448

Title: STD () Delete
Name: ALDERSON, MADISON
Address: 12364 WEST RESTVIEW COURT
City-St-Zip: HOMOSASSA, FL 34448

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:

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: WILLIAM STALLINGS

PD

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date