

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

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N51146 | |
| 1. Entity Name MASSEY RANCH AIRPARK HOMEOWNERS' ASSOCIATION, INC. | |



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| Principal Place of Business 1016 FLYING M COURT EDGEWATER, FL 32132 US | Mailing Address P O BOX 1208 NEW SMYRNA BEACH, FL 32170-1208 US |
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02232006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-3241599 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MASSEY, JOHN S. 635 AIRPARK RD EDGEWATER, FL 32132 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 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 | DS MASSEY, JOHN S. 635 AIRPARK RD EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RUSSELL, JAMES V 1016 FLYING M CT EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASSEY, DORIAN M 1577 MASSEY RD NEW SMYRNA BCH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DONNELLY, PATRICK A 1032 FLYING M COURT EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV JARVIS, LARRY G 1025 FLYING M COURT EDGEWATER, FL 32132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|---|-------------------------------------|
| SIGNATURE: | 2-23-06 386-427-3100 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |