2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N51146

1. Entity Name
MASSEY RANCH AIRPARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1016 FLYING M COURT EDGEWATER, FL 32132 US	P O BOX 1208 NEW SMYRNA BEACH, FL 32170-1208 US

03142007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3241599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASSEY, JOHN S.
635 AIRPARK RD
EDGEWATER, FL 32132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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03/28/07-80031-004 61.25

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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: John S. Massey 3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #