

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

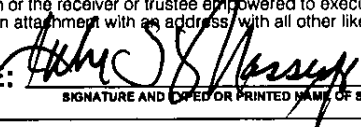
000000947194
06/02/08-80004-015 61.25

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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IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S Massey

4-30-08

Date

Daytime Phone #

386-427-3100