


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004591**


1. Entity Name  
**MUIRFIELD VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5980 WINSTON TRAILS BLVD  
 LAKE WORTH, FL 33463**

Mailing Address  
**5980 WINSTON TRAILS BLVD  
 LAKE WORTH, FL 33463**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0918488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COONEY, COLLEEN  
 CAMPBELL PROPERTY MGMT  
 5980 WINSTON TRAILS BLVD  
 LAKE WORTH, FL 33463**

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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)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILDENFELD, BILL 5522 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HILLER, HAROLD 5582 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLMAN, NICHOLAS 5714 MUIRFIELD CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRINGER, JIM 5564 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIRINO, PHILIP 5738 MUIRFIELD VILLAGE CIR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748791  
 05/17/07-80082-003 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: *Harold Hiller* *Harold Hiller* *4/27/07* *433-9070*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #