

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47315** (9)

1. Corporation Name

**MUSE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**RT. 1 BOX 1320  
MUSE FL 33935**

Mailing Address

**RT. 1 BOX 1070  
LABELLE FL 33935**

3. Date Incorporated or Qualified  
**02/13/1992**

3a. Date of Last Report  
**02/21/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BULLINGTON, FREIDA  
RT. 1 BOX 1070  
LABELLE FL 33935**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **BEERS, ELLEN**  
STREET ADDRESS **PO BOX 1768 N/A**  
CITY - ST - ZIP **LABELLE FL**

TITLE **V** ☐ DELETE  
NAME **GREER, JIM**  
STREET ADDRESS **RT. 1 BOX 1080**  
CITY - ST - ZIP **LABELLE FL 33935**

TITLE **F** ☐ DELETE  
NAME **BULLINGTON, FREIDA**  
STREET ADDRESS **RT. 1 BOX 1070**  
CITY - ST - ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE  
NAME **RYNNING, NORMAN**  
STREET ADDRESS **RT. 1 BOX 2007**  
CITY - ST - ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE  
NAME **MINIMI, TONY**  
STREET ADDRESS **RT. 1 BOX 1840**  
CITY - ST - ZIP **LABELLE FL 33935**

TITLE **D** ☐ DELETE  
NAME **ARNDT, JIM**  
STREET ADDRESS **RT 1 BOX 1542 N/A**  
CITY - ST - ZIP **LABELLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Freida Bullington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*26 June 96*  
Date

*941-675-1070*  
Daytime Phone #

CR2E037 (12/95)