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Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

RT. 1 BOX 1320
MUSE FL 33935

RT. 1 BOX 1070
LABELLE FL 33935

3. Date Incorporated or Qualified

02/13/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLINGTON, FREIDA
RT. 1 BOX 1070
LABELLE FL 33935

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P HEIN, STEVE
STREET ADDRESS
RT 1 BOX 1270
CITY-ST-ZIP
LABELLE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
HEIN, STEVE
1.3 STREET ADDRESS
1115 SWINGING TR NW
1.4 CITY-ST-ZIP
LABELLE, FL 33935

TITLE ☐ DELETE

NAME
VD RYNNING, NORMAN
STREET ADDRESS
RT 1 BOX 2007
CITY-ST-ZIP
LABELLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
VD RYNNING, NORMAN
2.3 STREET ADDRESS
RT 1 BOX 2007
2.4 CITY-ST-ZIP
LABELLE, FL 33935

TITLE ☐ DELETE

NAME
BULLINGTON, FREIDA
STREET ADDRESS
RT. 1 BOX 1070
CITY-ST-ZIP
LABELLE FL 33935

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
BULLINGTON, FREIDA
3.3 STREET ADDRESS
RT 1 BOX 1070
3.4 CITY-ST-ZIP
LABELLE, FL 33935

TITLE ☐ DELETE

NAME
D FREEDMAN, HARRIS
STREET ADDRESS
RT 1 BOX 1705
CITY-ST-ZIP
LABELLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
D FREEDMAN, HARRIS
4.3 STREET ADDRESS
RT 1 BOX 1705
4.4 CITY-ST-ZIP
LABELLE, FL 33935

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
D MINIMI, TONY
5.3 STREET ADDRESS
RT 1 BOX 1840
5.4 CITY-ST-ZIP
LABELLE, FL 33935

TITLE ☐ DELETE

NAME
D MINIMI, DONNA
STREET ADDRESS
RT 1 BOX 1705
CITY-ST-ZIP
LABELLE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
D MINIMI, DONNA
6.3 STREET ADDRESS
RT 1 BOX 1840
6.4 CITY-ST-ZIP
LABELLE, FL 33935

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *STEVEN A. HEIN* STEVEN A. HEIN-P 2/14/98 675-6354

CR2E037 (10/97)