FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

NAME

STREET ADDRESS

MINIMI, DONNA

RT 1 BOX 1705

N47315

(9)

MUSE COMMUNITY ASSOCIATION, INC.

LILED
Feb 26 1998 8:00am
Secretary of State

CH CD

Principal Place of Business							
Applied Fr. 33835 Control Contr	Principal Place of Business Mailing Address					T ABBASTAN NIT DISAN INDOMININA NAMALANIA A	BAL ANALI DIGLA BIBIL BIDIH DIDIH IDAL
Applied Fr. 33835 Control Contr	RT. 1 BOX 1320		RT. 1 BOX 1070			3 Date Incorporated or Qualified	
2. Principal Place of Business 2. Malling Address 5. Certificate of Status Desired 5. Replied For Not Applicable 2. Principal Place of Business 2. Malling Address 5. Certificate of Status Desired 5. Replied For Not Applicable 2. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 7. Suite, Apt. #, etc. 7. Suite, Apt. #, etc. 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 7. Is this nonprofit corporation a homeowners association? 2. Sp. 00 May De Added to Fees 8. Name and Address of Country 8. This corporation was or has paid the current year Intangible Personal Property Tax due June 30.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					•	
NOT APPLICABLE Not Applicable Not Applicable Service Ser							Applied For
2. Mailing Address 3. Certificate of Status Desired \$8.75 Additional Fee Required Sulfe, Apt. #, etc. Sul						NOT APPLICABLE	
Sulte, Apt. #, etc. Sulte, Ap	2. Principal Place o	f Business	2a. Malling Address				\$8.75 Additional
27 Country Zip			17 T			V. Certificate of Status Desired	Fee Required
City & State City & State City & State Country Zip R. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No No Yes No No Yes No No Yes No No No No No No No N			——————————————————————————————————————	Suite, Apt. #, etc.			
28 28 29 30 30 30 30 30 30 30 3				City P Cieta			
Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Na				City & State			
28		Country		Country	,		
BULLINGTON, FREIDA RT. 1 BOX 1070 LABELLE FL 33935 13. Name 82 Street Address (P.O. Box Number is Not Acceptable) 14. 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PHEIN, STEVE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PHEIN, STEVE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PHEIN, STEVE 13. STREET ADDRESS RT 1 BOX 1270 LABELLE FL 14. CITY-ST-ZIP LABELLE FL 15. TITLE VD 16. NORMAN RYNNING, NORMAN RYNNING		<u>├</u>	<u> </u>	⊢ '			
BULLINGTON, FREIDA RT. 1 BOX 1070 LABELLE FL 33935 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 agent, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature. hyped or pikited name of registered agent and title if applicable. (NOTE Registered Agent algorithm required when reinitating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE VD Change Addition NAME HEIN, STEVE STREET ADDRESS RT 1 BOX 1270 LABELLE FL 1.4 CITY-ST-ZIP LABELLE FL 1.4 CITY-ST-ZIP LABELLE FL 1.5 TITLE VD Change Addition NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE VD Change Addition NAME BULLINGTON, FREIDA 3.2 NAME BULLINGTON, FREIDA		Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent
RT. 1 BOX 1070 LABELLE FL 33935 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 STREET ADDRESS RT 1 BOX 1270 1.3 STREET ADDRESS RT 1 BOX 1270 1.3 STREET ADDRESS RT 1 BOX 1270 1.4 CITY-S1-ZIP LA GEILLE, FL 33 9 3 S TITLE P Change Addition MAME RYNNING, NORMAN 22 NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 2.3 STREET ADDRESS RT 1 BOX 2007 2.4 CITY-S1-ZIP LA GEILLE, FL 33 9 3 S TITLE TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition MAME BULLINGTON, FREIDA				81	Name	•	
RT. 1 BOX 1070 LABELLE FL 33935 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature 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 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 little if applicable. (NOTE: Registered Agent algineture required when reinstating)				62	Street Add	dress (P.O. Box Number is Not Acceptable)	
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 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 P	RT. 1 BOX 10	170					
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, 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 P DELETE 1.1 TITLE HEIN, STEVE STREET ADDRESS CITY-ST-ZIP LABELLE FL 1.4 CITY-ST-ZIP LABELLE FL 1.4 CITY-ST-ZIP LABELLE FL 1.5 SWINGHAM 2.2 NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 2.3 STREET ADDRESS CITY-ST-ZIP LABELLE FL DELETE 3.1 TITLE Change Addition Addition NAME BULLINGTON, FREIDA 3.2 NAME BULLINGTON, FREIDA	LABELLE FL	33935		83			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.				84	City		FL 85 Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	11. Pursuant to the	provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	e-named co	poration submits this statement for the purpo	se of changing Its registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	office or registe agent. I am fam	red agent, or both, in the State of iliar with, and accept the obligati	l Florida. Such change was ons of, Section 617.0503, Fl	authorized by orida Statute:	the corpora s.	ation's board of directors. I hereby accept the	appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	SIGNATURE						
TITLE P DELETE 1.1 TITLE P Change Addition NAME HEIN, STEVE STREET ADDRESS RT 1 BOX 1270 LABELLE FL TITLE VD DELETE 1.1 TITLE V D Change Addition NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 CITY-ST-ZIP LABELLE FL TITLE T DELETE 3.1 TITLE NAME BULLINGTON, FREIDA DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE STREET ADDRESS RT 1 BOX 2007 LABELLE FL DELETE 3.1 TITLE T Change Addition					ent signature requ		
NAME HEIN, STEVE STREET ADDRESS RT 1 BOX 1270 CITY-ST-ZIP LABELLE FL 12 NAME 13 STREET ADDRESS 11 S S WINGHAG TR NW 14 CITY-ST-ZIP LAGGUE, FL 33935 CHANGE NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 CITY-ST-ZIP LAGGUE, FL 33935 CHANGE BULLINGTON, FREIDA BULLINGTON, FREIDA		OFFICERS AND					
STREET ADDRESS RT 1 BOX 1270 LABELLE FL TITLE VD RYNNING, NORMAN STREET ADDRESS CITY-ST-ZIP LAGELLE, FL 31935 Change Addition RYNNING, NORMAN STREET ADDRESS CITY-ST-ZIP LAGELLE, FL 22 NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 23 STREET ADDRESS RT 1 BOX 2007 LAGELLE, FL 24 CITY-ST-ZIP LAGELLE, FL 31 TITLE T Change Addition Addition BULLINGTON, FREIDA		IN STEVE	<u></u>			HEW. STEVE	
CITY-ST-ZIP LABELLE FL TITLE VD DELETE 1.4 CITY-ST-ZIP LAGGUE, FL 3 9 3 3 Change Addition Addition RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 CITY-ST-ZIP LAGGUE, FL Change Addition RYNNING, NORMAN 22 NAME RYNNING, NORMAN 23 STREET ADDRESS RT 1 BOX 2007 LAGGUE, FL 3 STREET ADDRESS RT 1 BOX 2007 CHANGE Addition NAME BULLINGTON, FREIDA BULLINGTON, FREIDA	l [ADDRESS A	ILL SWINGING TE NW	
TITLE VD Change Addition NAME RYNNING, NORMAN STREET ADDRESS RT 1 BOX 2007 CITY-ST-ZIP LABELLE FL 2.1 TITLE RYNNING, NORMAN TITLE T DELETE 3.1 TITLE T Change Addition NAME BULLINGTON, FREIDA DELETE 2.1 TITLE T Change Addition 3.2 NAME BULLINGTON, FREIDA						LARGUE FL 339	35
STREET ADDRESS RT 1 BOX 2007 CITY-ST-ZIP TITLE THE BULLINGTON, FREIDA 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP LAGGULE, PL 3.1 TITLE T Change Addition 3.2 NAME BULLINGTON, FREIDA			☐ DELETE			Úρ	
CITY-ST-ZIP LABELLE FL 2.4 CITY-ST-ZIP LABELLE, PL 3.7 3.5 TITLE T DELETE 3.1 TITLE T Change Addition NAME BULLINGTON, FREIDA 32 NAME BULLINGTON, FREIDA	NAME RY	NNING, NORMAN		2.2 NAME	14	RYNNING, NORMAN	
TITLE DELETE 3.1 TITLE TO Change Addition NAME BULLINGTON, FREIDA 32 NAME BULLINGTON, FREIDA	STREET ADDRESS RT	1 BOX 2007		2.3 STREET	ADDRESS		
NAME BULLINGTON, FREIDA 32 NAME BULLINGTON, FREIDA	CITY-ST-ZIP	Belle fl		2.4 CITY-5	ST-ZIP	LABBILE, PL 33	935
NAME BULLINGTON, FREIDA 32 NAME BULLINGTON, FREIDA	1 '		☐ DELETE	3.1 TITLE	Ī	T	☐ Change ☐ Addition
OTTOTAT ADDRESS DT 1 DOV 1070		- -		3.2 NAME	. 10	BULLINGTON, FRE104	
		. 1 BOX 1070		3.3 STREET	ADDRESS	2T BUX 1070	
CITY-ST-ZIP LABELLE FL 33935 34.CITY-ST-ZIP LAGGLLE, FL 33935		BELLE FL 33935			ST-ZIP	LABGLLE, FL 339	
TITLE D Change Addition			☐ DEFE1E	4.1 TITLE	İ		L Change L Addition
NAME FREEDMAN, HARRIS 4.2 NAME FRIEDMAN, HARRIS						-RIEDMAN, MARRIS	
STREET ADDRESS RT 1 BOX 1705	اميا						
CITY-ST-ZIP LABELLE FL 4.4 CITY-ST-ZIP LABOLLE, FL 33935		BELLE FL	I DELETE		T-ZIP		
	-	MILM TOLIV	□ nerrie				Change C Addition
NAME MINIMI, TONY 52 NAME MINIMI, TONY	NAME MI			5.2 NAME		MINIMITONY	
STREET ADDRESS HT. 1 BUX 1840 CITY-ST-ZIP LABELLE FL 33935 5.4 CITY-ST-ZIP LABELLE FL 33935	OTTOGET ADDRESS FOR	4 DAV 464A		F 4 ATT	4000000	A 1 Call 12	ŀ
CITY-ST-ZIP LABELLE FL 33935 TITLE D DELETE 6.1 FITLE Change Addition		. 1 BOX 1840 BELLE EL 22025				RT BOX 1840	· <

CITY-ST-ZIP

LABELLE FL

6.4 CITY-ST-ZIP

A. C

6.2 NAME

6.3 STREET ADDRESS