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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90036 035 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47315**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**02/13/1992**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

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

*Norman Rynning President*

**3-22-99**

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 **1115 SWINGING TRAIL NW**  
CITY-ST-ZIP **LABELLE FL 33935**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**P NORMAN Rynning**  
**RT 1 Box 2007**  
**LABELLE, FL 33935**

☒ Change ☐ Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**VD Bobby Flanagan**  
**RT 1 Box 1777**  
**LABELLE, FL 33935**

☒ Change ☒ Addition

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME **D FREEDMAN, HARRIS**  
STREET ADDRESS **RT 1 BOX 1705**  
CITY-ST-ZIP **LABELLE FL 33935**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**SEC. RITA Rynning**  
**RT 1 Box 2007**  
**LABELLE, FL 33935**

☐ Change ☒ Addition

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**P STEVE HEIN**  
**1115 Swinging Trail N.W.**  
**LABELLE, FL 33935**

☒ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**George Railsbeck**  
**1675 Ash Road**  
**LABELLE, FL 33935**

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Norman Rynning President*

**3-22-99 941-675-1128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

258908-90036-35  
N47315

MUSE COMMUNITY ASSOCIATION 1999

Rt. 1 Box 1320 Muse, Fl. 33935

Mailing address Rt. 1 Box 1070 LaBelle, Fl. 33935

OFFICERS:

PRESIDENT Norm Rynning

Rt. 1 box 2007

LaBelle, Fl. 33935

VICE PRESIDENT: Bobby Flanagan

Rt. 1 Box 1777

LaBelle, Fl. 33935

SECRETARY: Rita Rynning

Rt. 1 Box 2007

LaBelle, Fl. 33935

TREASURER: Freida Bullington

Rt. 1 Box 1070

LaBelle, Fl. 33935

BOARD OF DIRECTORS:

Steve Hein, Chairman

1115 Swinging Trail NW

LaBelle, Fl. 33935

Barbara Oehlbeck

Rt.1 Box 1771

LaBelle, Fl. 33935

Joe Richter

1104 Fernwood NW

LaBelle, Fl. 33935

Earle Parker

Rt. 1 Box 2005

LaBelle, Fl. 33935

George Railsbeck

1675 Ash Rd.

LaBelle, Fl. 33935

Mike Wright, alternate

Rt. 1 Box 1713

LaBelle, Fl. 33935