

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47315

FILED
Apr 16, 2004
Secretary of State**Entity Name:** MUSE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**25895 LOBLOLLY BAY ROAD SW
LABELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1375
LABELLE, FL 33975**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHIRLEY, JUANITA M T
1980 HICKORY DRIVE
LABELLE, FL 33935 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D, C () Delete
Name: HEIN, STEVE
Address: 1115 SWINGING TRAIL NW
City-St-Zip: LABELLE, FL 33935**Title:** P () Delete
Name: SHIRLEY, WALTER A
Address: 1980 HICKORY DRIVE
City-St-Zip: LABELLE, FL 33935**Title:** T () Delete
Name: SHIRLEY, JUANITA M
Address: 22050 WALTER GREEN RD SW
City-St-Zip: LABELLE, FL 33935**Title:** VP () Delete
Name: KOEBERT, FRAN
Address: P.O. BOX 2367
City-St-Zip: LABELLE, FL 33975**Title:** S () Delete
Name: BEERS, ELLEN
Address: P.O. BOX 1768
City-St-Zip: LABELLE, FL 33975**Title:** D () Delete
Name: NEELY, CARL
Address: 26400 ASH ROAD NW
City-St-Zip: LABELLE, FL 33935**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: SHIRLEY, JUANITA M
Address: 1980 HICKORY DRIVE
City-St-Zip: LABELLE, FL 33935**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: SODRELL, TAMMY
Address: 21990 WALTER GREER RD SW
City-St-Zip: LABELLE, FL 33975**Title:** D (X) Change () Addition
Name: AIMS, JOANNE
Address: 26280 LOBLOLLY BAY RD SW
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA M. SHIRLEY

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04/16/2004

Electronic Signature of Signing Officer or Director

Date

MCCARDEL, WILLIAM DIRECTOR
26415 LOBLOLLY BAY RD SW
LABELLE, FL. 33935

FREIDMAN, HARRIS DIRECTOR
1255 TOM COKER RD
LABELLE, FL. 33935

FLANAGAN, JOAN DIRECTOR
P.O. BOX 2889
LABELLE, FL. 33935

FREIDMAN, HARRIS DIRECTOR

FLANAGAN, JOAN DIRECTOR
P.O. BOX 2889
LABELLE, FL. 33935