# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2005 8:00 am**
**Secretary of State**
03-24-2005 90030 019 ****61.25

DOCUMENT # N47315

1. Entity Name
MUSE COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 25895 LOBLOLLY BAY ROAD SW<br>LABELLE, FL 33935 | P.O. BOX 1375<br>LABELLE, FL 33975 |

03222005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHIRLEY, JUANITA M T
1980 HICKORY DRIVE
LABELLE, FL 33935

**7. Name and Address of New Registered Agent**

Name STEVEN A. HEIN - TREASURER
Street Address (P.O. Box Number is Not Acceptable) 1115 SWINGING TRAIL - MUSE
City LABELLE FL Zip Code 33935

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven A Hein 3/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D, C<br>HEIN, STEVE<br>1115 SWINGING TRAIL NW<br>LABELLE, FL 33935 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D C<br>JOANNE AIMS<br>26280 LOBLOLLY BAY RD SW<br>LABELLE, FL 33935 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHIRLEY, WALTER A<br>1980 HICKORY DRIVE<br>LABELLE, FL 33935 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FRAN KOEBERT<br>PO BOX 2367<br>LABELLE, FL 33975 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SHIRLEY, JUANITA M<br>1980 HICKORY DRIVE<br>LABELLE, FL 33935 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>STEVEN A. HEIN<br>1115 SWINGING TRAIL-MUSE<br>LABELLE, FL 33935 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KOEBERT, FRAN<br>P.O. BOX 2367<br>LABELLE, FL 33975 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>EDWARD ELKOWITZ<br>PO BOX 1963<br>LABELLE, FL 33975 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SODRELL, TAMMY<br>21990 WALTER GREER RD SW<br>LABELLE, FL 33975 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AIMS, JOANNE<br>26280 LOBLOLLY BAY RD SW<br>LABELLE, FL 33935 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DON MCCAROEL<br>26415 LOBLOLLY BAY RD SW<br>LABELLE, FL 33935 | ☐ Change ☑ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Steven A Hein 3/22/05 863-675-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #