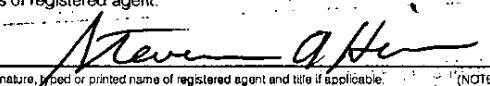
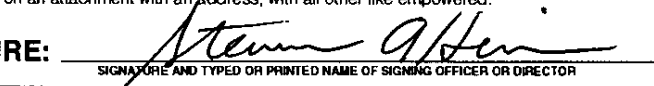


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 25895 LOBLOLLY BAY ROAD SW LABELLE, FL 33935				Mailing Address P.O. BOX 1375 LABELLE, FL 33975	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		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 LABELLE 33935 City FL Zip Code	
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 				DATE 3/22/05	
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C. HEIN, STEVE 1115 SWINGING TRAIL NW LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRLEY, WALTER A 1980 HICKORY DRIVE LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIRLEY, JUANITA M 1980 HICKORY DRIVE LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOEERT, FRAN P.O. BOX 2367 LABELLE, FL 33975	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SODRELL, TAMMY 21990 WALTER GREER RD SW LABELLE, FL 33975	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIMS, JOANNE 26280 LOBLOLLY BAY RD SW LABELLE, FL 33935	☒ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.C. JOANNE AIMS 26280 LOBLOLLY BAY RD SW LABELLE, FL 33935	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAN KOEERT PO BOX 2367 LABELLE, FL 33975	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVEN A. HEIN 1115 SWINGING TRAIL - MUSE LABELLE, FL 33935	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARD ELKOWITZ PO BOX 1963 LABELLE, FL 33975	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON MCCARDEL 26415 LOBLOLLY BAY RD SW 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: 				DATE 3/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 863-675-3128	