


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 029 ****61.25

DOCUMENT # 716446			
1. Entity Name MURRY HILLS ASSOCIATION, INC.			
Principal Place of Business 3240 CYNTHIA LANE LAKE WORTH FL 33461		Mailing Address 3240 CYNTHIA LANE LAKE WORTH FL 33461	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1582567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GELFAND, MICHAEL J ONE CLEARLAKE CENTER 250 AUSTRALIAN AVE., S., STE 1010 W. PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, JAMES E 3120 LAKE OSBORNE DR LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernard Siler PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 LAKE OSBORNE DR LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, FRANK 3120 LAKE OSBORNE DR LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULA NIVEN TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2920 LAKE OSBORNE DR LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, ELIZABETH 3240 LAKE OSBORNE DR #211 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Cook VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 LAKE OSBORNE DR LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOEBSE, WILLIAM 3320 LAKE OSBORNE DR. LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eleanor Patrick SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 LAKE OSBORNE DR LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELEANOR, PATRICK 3000 LAKE OSBORNE DR LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Berenotto D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2880 LAKE OSBORNE DR LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Bernard Siler* 2/13/06 561-582-8408