


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 020 ****70.00

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEIN, STEVEN A 1115 SWINGING TRAIL MUSE LABELLE, FL 33935				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, C AIMS, JOANNE 26280 LOBLOLLY BAY RD SW LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(FRAN KOEBERT) DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRAN KOEBERT PO BOX 2367 LABELLE, FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOEERT, FRAN PO BOX 2367 LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNE AIMS 26280 LOBLOLLY RD SW LABELLE, FL 33935 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIN, STEVEN A 1115 SWINGING TRAIL MUSE LABELLE, FL 33935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELKOWITZ, EDWARD PO BOX 1963 LABELLE, FL 33975 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLEN BEERS PO BOX 1768 LABELLE, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SODRELL, TAMMY 21990 WALTER GREER RD SW LABELLE, FL 33975 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH RICHTER 185 SUMMERALL RD SW LABELLE, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARDEL, DON 26415 LOBLOLLY BAY RD SW LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALT SHIPLEY 1980 HICKORY DR LABELLE, FL 33935 <input checked="" 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 Chapter 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: <u>Steven A. Hein</u> STEVEN A. HEIN <u>4/4/06</u> 863-675-3128 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

TREASURER