2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47315

FILED Apr 08, 2011 Secretary of State

Entity Name: MUSE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3897 LOBLOLLY BAY RD. LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

3897 LOBLOLLY BAY RD. LABELLE, FL 33935

FEI Number: 22-2269611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AIMS, JOANNE WILLIAMSON, JOHN 3897 LOBLOLLY BAY RD. 26390 LOBLOLLY BAY RD LABELLE, FL 33935 US LABELLE, FL 33935 US

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: JOHN WILLIAMSON 04/08/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: CIANFRANI, JAMES Address: 1582 GATE RD. City-St-Zip: LABELLE, FL 33935

Title: VP

Name: THOMAS, WALTER
Address: 3897 LOBLOLLY BAY RD
City-St-Zip: LABELLE, FL 33935

Title: TREA

Name: WILLIAMSON, JOHN E Address: 26390 LOBLOLLY BAY RD SW.

City-St-Zip: LABELLE, FL 33935

Title: SECR

Name: CIANFRANI, DIANE Address: 1582 GATE RD City-St-Zip: LABELLE, FL 33935

Title:

Name: HEING, STEVEN
Address: 1395 S SWINGING TR
City-St-Zip: LABELLE, FL 33935

Title: [

 Name:
 JOSHUN, MARCIA

 Address:
 2168 SILVER LAKE RD.

 City-St-Zip:
 LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: JOHN WILLIAMSON TREA 04/08/2011