

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47315

FILED
Apr 30, 2003
Secretary of State

Entity Name: MUSE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

RT. 1 BOX 1320
MUSE, FL 33935

New Principal Place of Business:

25895 LOBLOLLY BAY ROAD SW
LABELLE, FL 33935

Current Mailing Address:

22050 WALTER GREEN RD SW
LABELLE, FL 33935

New Mailing Address:

P.O. BOX 1375
LABELLE, FL 33975

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BULLINGTON, FREIDA
RT. 1 BOX 1070
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

SHIRLEY, JUANITA M T
1980 HICKORY DRIVE
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: JUANITA M. SHIRLEY

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEIN, STEVE
Address: 1115 SWINGING TRAIL NW
City-St-Zip: LABELLE, FL 33935

Title: P () Delete
Name: RYNNING, NORMAN
Address: RT 1 BOX 2007
City-St-Zip: LABELLE, FL 33935

Title: T () Delete
Name: BULLINGTON, FREIDA
Address: 22050 WALTER GREEN RD SW
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: FLANAGAN, BOBBY
Address: RT 1, BOX 1777
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: RYNNING, RITA
Address: RT 1, BOX 2007
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: NEELY, CARL
Address: 26400 ASH ROAD NW
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, C (X) Change () Addition
Name: HEIN, STEVE
Address: 1115 SWINGING TRAIL NW
City-St-Zip: LABELLE, FL 33935

Title: P (X) Change () Addition
Name: SHIRLEY, WALTER A
Address: 1980 HICKORY DRIVE
City-St-Zip: LABELLE, FL 33935

Title: T (X) Change () Addition
Name: SHIRLEY, JUANITA M
Address: 22050 WALTER GREEN RD SW
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change () Addition
Name: KOEBERT, FRAN
Address: P.O. BOX 2367
City-St-Zip: LABELLE, FL 33975

Title: S (X) Change () Addition
Name: BEERS, ELLEN
Address: P.O. BOX 1768
City-St-Zip: LABELLE, FL 33975

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUANITA M. SHIRLEY

TREA

04/30/2003

Electronic Signature of Signing Officer or Director

Date

MCCARDEL, WILLIAM DIRECTOR
26415 LOBLOLLY BAY RD SW
LABELLE, FL 33935

FREIDMAN, HARRIS DIRECTOR
1255 TOM COKER RD
LABELLE, FL 33935

FLANAGAN, JOAN DIRECTOR
P.O. BOX 2889
LABELLE, FL 33975