

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46384

**Entity Name:** MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**8555719993CC**

**Current Principal Place of Business:**

14849 HOLE-IN-ONE CIRCLE  
FT MYERS, FL 33919

**Current Mailing Address:**

14849 HOLE-IN-ONE CIRCLE  
FT MYERS, FL 33919 US

**FEI Number: 65-0343138**

**Certificate of Status Desired: No**

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

SHAW, PATTI  
14849 HOLE IN ONE CIRCLE  
FORT MYERS, FL 33919 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:** PATTI SHAW

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name REHLING, PATRICK  
Address 14891 HOLE IN ONE CIRCLE #308  
City-State-Zip: FORT MYERS FL 33919

Title PRESIDENT  
Name STRAUSS, BERNIE  
Address 14849 HOLE-IN-ONE CIRCLE  
City-State-Zip: FT MYERS FL 33919

Title SECRETARY  
Name GROFF, LAURA  
Address 14849 HOLE-IN-ONE CIRCLE  
City-State-Zip: FT MYERS FL 33919

Title TREASURER  
Name LYNCH, JOE  
Address 14849 HOLE-IN-ONE CIRCLE  
City-State-Zip: FT MYERS FL 33919

Title DIRECTOR  
Name O'CONNOR, LANA  
Address 14849 HOLE IN 1 CIR  
GOLFVIEW GOLF RACQUET  
City-State-Zip: FORT MYERS FL 33919

*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:** BERNIE STRAUSS

PRESIDENT

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date