## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47315

Entity Name: MUSE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:** 

3897 LOBLOLLY BAY RD. LABELLE, FL 33935

**Current Mailing Address:** 

3897 LOBLOLLY BAY RD. LABELLE, FL 33935 US

FEI Number: 22-2269611 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMSON, JOHN 3897 LOBLOLLY BAY RD. 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 02/19/2018

Electronic Signature of Registered Agent

Date

**FILED** Feb 19, 2018

**Secretary of State** 

CC5222674414

Officer/Director Detail:

Title **PRES** Title

HEIN, STEVE Name CALLAHAN, DANNY Name

3897 LOBLOLLY BAY RD. 3897 LOBLOLLY BAY RD. Address Address

City-State-Zip: LABELLE FL 33935 City-State-Zip: LABELLE FL 33935

Title **SECRETARY** Title **TREA** Name LYLE, CONNIE Name WILLIAMSON, JOHN

Address 3897 LOBLOLLY BAY RD. Address 26390 LOBLOLLY RD LABELLE FL 33935 City-State-Zip: LABELLE FL 33935 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

02/19/2018