

2014 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**FEI Number:** 22-2269611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMSON, JOHN
26390 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name FREEDMAN, HARRIS
Address 3897 LOBLOLLY BAY RD.
City-State-Zip: LABELLE FL 33935

Title TREA
Name WILLIAMSON, JOHN E
Address 26390 LOBLOLLY BAY RD SW.
City-State-Zip: LABELLE FL 33935

Title SECR
Name BEERS, ELLEN
Address 3897 LOBLOLLY BAY RD.
City-State-Zip: LABELLE FL 33935

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

Title D
Name CIANFRANNI, DIANE
Address 2168 SILVER LAKE RD.
City-State-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**AGENT****02/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date