

**2016 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:**

1659 CRESCENT AVE  
LABELLE, FL 33935 US

**FEI Number:** 22-2269611

**Certificate of Status Desired:** No

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

WILLIAMSON, JOHN  
1659 CRESCENT AVE  
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

02/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name ALEXANDER, DAVID W  
Address PO BOX 418  
City-State-Zip: LABELLE FL 33975

Title VP  
Name MADDOX , WILLIAM T JR.  
Address PO BOX 2400  
City-State-Zip: LABELLE FL 33975

Title TREA  
Name WILLIAMSON, JOHN  
Address 26390 LOBLOLLY 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

**TREASURER**

02/14/2016

Electronic Signature of Signing Officer/Director Detail

Date