

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90197 022 ****61.25

DOCUMENT # 755149 1. Entity Name MUIRFIELD VILLAS ASSOCIATION, INC.					
Principal Place of Business 704 MUIRFIELD CIRCLE ATLANTIS, FL 33462 US				Mailing Address 704 MUIRFIELD CIRCLE ATLANTIS, FL 33462 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2167740	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HICKMAN, SUZANNE J 704 MUIRFIELD CIRCLE ATLANTIS, FL 33462				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when creating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOUGLAS, RONALD C		NAME	Alan Cunningham	
STREET ADDRESS	MUIRFIELD CIRCLE		STREET ADDRESS	728 Muirfield Circle	
CITY- ST- ZIP	LAKE WORTH, FL 33462		CITY- ST- ZIP	Atlanta, FL 33462	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKMAN, SUZANNE J		NAME		
STREET ADDRESS	704 MUIRFIELD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	ATLANTIS, FL 33462		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, FRANCES M		NAME		
STREET ADDRESS	706 MUIRFIELD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33462		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIULIANO, PETER		NAME		
STREET ADDRESS	756 MUIRFIELD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	ATLANTIS, FL 33462		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, ROBERT		NAME		
STREET ADDRESS	756 MUIRFIELD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	ATLANTIS, FL 33462		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUPA, TOM		NAME		
STREET ADDRESS	776 MUIRFIELD CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	ATLANTIS, FL 33462		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE SUZANNE J. HICKMAN, TD <i>Suzanne J. Hickman</i>			Date 7/6/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 561-642-7060		