

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Mar 13, 2006 08:00 AM
Secretary of State



03102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2167740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HICKMAN, SUZANNE J
704 MUIRFIELD CIRCLE
ATLANTIS, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11111111466045
03/22/06-80060-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOUGLAS, RONALD C
STREET ADDRESS	MUIRFIELD CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	TD
NAME	HICKMAN, SUZANNE J
STREET ADDRESS	704 MUIRFIELD CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	SD
NAME	JOHNSTON, FRANCES M
STREET ADDRESS	706 MUIRFIELD CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	D
NAME	GIULIANO, PETER
STREET ADDRESS	756 MUIRFIELD CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	ALLEN, ROBERT
STREET ADDRESS	756 MUIRFIELD CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	CUNNINGHAM, ALAN
STREET ADDRESS	728 MUIRFIELD CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Suzanne J. Hickman

3/10/06
561-642-7060