

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755149

FILED
Mar 02, 2009
Secretary of State

Entity Name: MUIRFIELD VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

704 MUIRFIELD CIRCLE
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

704 MUIRFIELD CIRCLE
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 59-2167740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPITTLER, RICHARD
Address: 740 MURFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: PD () Delete
Name: HICKMAN, SUZANNE J
Address: 704 MUIRFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: SD () Delete
Name: JOHNSTON, FRANCES M
Address: 706 MUIRFIELD CIRCLE
City-St-Zip: LAKE WORTH, FL 33462

Title: D () Delete
Name: GIULIANO, PETER
Address: 756 MUIRFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: FARMER, WILLIAM
Address: 760 MURFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NOVAC, NELLIE
Address: 768 MURFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: JOHNSTON, FRANCES M
Address: 706 MUIRFIELD CIRCLE
City-St-Zip: LAKE WORTH, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: DOUGLAS, LYNDIA
Address: 764 MUIRFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE J. HICKMAN

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date