
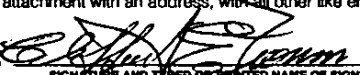


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90046 046 ****61.25

DOCUMENT # 765416					
1. Entity Name MUIRFIELD HEATH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2004 LONGMEADOW SARASOTA, FL 34235			Mailing Address 2004 LONGMEADOW SARASOTA, FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FROMM, CLIFFORDE 3015 ROSE MEAD SARASOTA, FL 34235				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 _____ (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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D HOEGEL, WILLIAM J 3014 ROSEMEAD SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D FORD, MICHAEL 3028 ROSEMEAD SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTIE, ROBERT 3148 HEATHERWOOD LANE SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BURR, SHARON 3120 HEATHERWOOD LN SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO JENSEN, L. 2913 HEATHER BOW SARASOTA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDGER, MARILYN 3017 ROSEMEAD SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROMM, CLIFFORD 3015 ROSEMEAD SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, PETER 2914 HEATHER BOW SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  CLIFFORD E. FROMM PRES. 1/18/2006 941-371-8032					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					