


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 013 ****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
--	--

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2227160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROMM, CLIFFORDE 3015 ROSE MEAD SARASOTA, FL 34235
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEGEL, WILLIAM J 3014 ROSEMEAD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTIE, ROBERT 3148 HEATHERWOOD LANE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO FORD, MICHAEL 3028 ROSEMEAD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROMM, CLIFFORD 3015 ROSEMEAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, PETER 2914 HEATHER BOW SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYN LEDGER 3019 ROSEMEAD SARASOTA, FL 34235

**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 *Clifford Fromm* **RES. CLIFFORD FROMM PRES** 1/8/2007 941-371-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #