2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N02642

Entity Name: MUIRFIELD TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 59-2404284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 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: MARSCHOK, EMILY
Address: 11955 POLO CLUB RD.
City-St-Zip: WELLINGTON, FL 33414

Title: P ( ) Delete
Name: COPPOLA, ANTHONY
Address: 11967 POLO CLUB RD.
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: DUFRESHE, DON
Address: 2592 MUIRFIELD CT.
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: GROWNEY, WALLACE
Address: 11987 POTO CLUB RD.
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: CLAIR, RICH
Address: 2621 MUIRFIELD CT.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: HAAS-COLBERT, SALLY
Address: 2619 MUIRFIELD CT.
City-St-Zip: WELLINGTON, FL 33414

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: ANTHONY COPPOLA P 04/01/2009

Electronic Signature of Signing Officer or Director — Date