## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90020 027 \*\*\*\*61.25

DOCUMENT # N06685  1. Entity Name MUIR-VILLAS HOMEOWNERS ASSOCIATION, INC.						04-04-200	8 90020 0:	27 ****6	1.25	
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414-1006 US		Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414-1006 US								
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<del></del>	-						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042008	Chg-NP	CR2E03	37 (12/06)		
City & State		City & State			4. FEI Numbe 59-248			<del></del>	oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	; <u> </u>	\$8.75 Add	ditional	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	/ Registered /			
NEWSOM	E IOUN		Name							
NEWSOME, JOHN C/O WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD.			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
WELLING	TON, FL 33414							1		
			City				FL	Zip Cod	e	
	named entity submits this statement fions of registered agent.	or the purpose of changing its r	egistered office or	registere	d agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept	
	•	A CAN THE PARKET MATE	manager and a second state of				DATE			
	Signature, typed or printed name of registered agen	st and title if applicable. (NOTE:	Registered Agent signatur	re required v	vhen reinstating)	1	DATE	-		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	P. Election Camp     Trust Fund Co	paign Financing		\$5.00 May B Added to Fees	e FI	Make check			
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I nereby 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.