

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06685

FILED
Feb 10, 2009
Secretary of State

Entity Name: MUIR-VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 334141006 US

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 334141006 US

New Mailing Address:

FEI Number: 59-2487031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
C/O WELLINGTON MANAGEMENT
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: CARTER, JAMES
Address: 2550 MUIR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: HODGES, RALPH
Address: 2419 MUIR CIR
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: PARADI, JOSEPH
Address: 2490 MUIR CIR
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: BROWNE, CAROLE
Address: 2575 MUIR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: KINGSFORD, DANIEL
Address: 2502 MUIR CIR
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: FOOS, BETH
Address: 2539 MUIR CIRCLE
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: VD (X) Change () Addition
Name: PARADI, JOSEPH
Address: 2490 MUIR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: PD (X) Change () Addition
Name: BROWN, CAROLE
Address: 2575 MUIR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: KINGSFORD, DANIEL
Address: 2502 MUIR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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

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: CAROLE BROWN

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date