

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33463

FILED
Mar 17, 2006
Secretary of State

Entity Name: MUIRFIELD VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2979324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: CULBERTSON, JERRY
Address: 764 CRICKLEWOOD TERR
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: LANDY, WILLIAM
Address: 631 CRICKLEWOOD TERR
City-St-Zip: HEATHROW, FL 32746

Title: VTD () Delete
Name: HOEFT, JERALD
Address: 1270 GLEN CANNON CT
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: WALKER, DAVID
Address: 335 DEVON PL
City-St-Zip: HEATHROW, FL 32746

Title: SD () Delete
Name: NEWELL, JAN
Address: 402 DEVON PL
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: CALDWELL, ANDREW
Address: 301 PROMENADE CIR
City-St-Zip: HEATHROW, FL 32746

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

Title: D (X) Change () Addition
Name: CHISHOLM, RICHARD
Address: 655 CRICKLEWOOD TERR
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY CULBERTSON

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date