


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90271 038 \*\*\*\*61.25

<b>DOCUMENT # N33463</b> 1. Entity Name <b>MUIRFIELD VILLAGE NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US</b>			Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2979324</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CULBERTSON, JERRY 764 CRICKLEWOOD TERR HEATHROW, FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GODFREY, JACKIE 223 PROMENADE CIR HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LANDY, WILLIAM 631 CRICKLEWOOD TERR HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CLEVELAND, JAMES 660 CRICKLEWOOD TER HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD HOEFT, JERALD 1270 GLEN CANNON CT HEATHROW, FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HOEFT, JERRY 1270 GLEN CANNON CT HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WALKER, DAVID 335 DEVON PL HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLT, EDWIN 679 CRICKLEWOOD TER HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NEWELL, JAN 402 DEVON PL HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCANDREWS, DWAN 259 PROMENADE CIR HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHISHOLM, RICHARD 655 CRICKLEWOOD TERR HEATHROW, FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D McDONALD, Dennis 353 DEVON PL HEATHROW FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <i>James W. Cleveland</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	

40077887



03272007 Chg-NP CR2E037 (12/06)

ATTACHMENT  
40077887

**MUIRFIELD VILLAGE NEIGHBORHOOD ASSOCIATION, INC.**  
**DOCUMENT # N33463**

**OFFICERS AND DIRECTORS CONT...**

D  
MICKLAVZINA, FRANK  
295 PROMENADE CIR  
HEATHROW FL 32746

D  
ROBERTS, NANCY  
426 DEVON PL  
HEATHROW FL 32746

D  
SIMS, DAVE  
339 DEVON PL  
HEATHROW FL 32746