

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90383 030 \*\*\*\*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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2979324</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03132008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VTD</b> <b>CULBERTSON, JERRY</b> <b>764 CRICKLEWOOD TERR</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICKIAVZINA, FRANK</b> <b>295 PROMENADE CIR</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VB D</b> <b>CLEVELAND, JAMES</b> <b>660 CRICKLEWOOD TERR</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GODFREY, JACKIE</b> <b>223 PROMENADE CIR</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VB PD</b> <b>HOEFT, JERALD</b> <b>1270 GLEN CANNON CT</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLT, BARBARA</b> <b>679 CRICKLEWOOD TERR.</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLT, EDWIN</b> <b>679 CRICKLEWOOD TER</b> <b>HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOBER, IRENE</b> <b>395 DEVON PI.</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCANDREWS, DWAN</b> <b>259 PROMENADE CIRCLE</b> <b>HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTS, NANCY</b> <b>426 DEVON PI.</b> <b>HEATHROW, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHISHOLM, RICHARD</b> <b>655 CRICKLEWOOD TERR</b> <b>HEATHROW, FL 32746</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDONALD, DENNIS</b> <b>358 DEVON PI.</b> <b>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> <div style="float: right; text-align: right;"> <b>4/23/08</b>  <small>Date</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					