
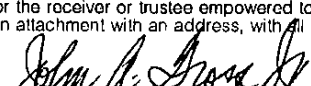


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N46384 1. Entity Name MUIRFIELD AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14849 HOLE-IN-ONE CIRCLE FT MYERS FL 33906-1289 US				Mailing Address 14849 HOLE-IN-ONE CIRCLE FT MYERS FL 33906-1289 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="float: right;">Applied For</div> 65-0343138 <div style="float: right;">Not Applicable</div>				1st MOORE CR2E037 (10/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <div style="text-align: center;"> CATOE, DENNIS 509 EDISON AVE LEHIGH ACRES FL 33936 </div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="display: flex; justify-content: space-between;"> City FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> U00000677179 03/30/07-80093-025-61.25 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLDIROW, JAMES 14891 HOLE-IN-ONE CIR. FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTTBERG, HANK 14891 HOLE-IN-ONE CIRCLE FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, JR., JOHN 14849 HOLE-IN-ONE #106 FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, CHEN 14891 HOLE-IN-ONE #PH-6 FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRAWLEY, DON 14891 HOLE-IN-ONE CIRCLE #105 FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					