2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# N47315

Entity Name: MUSE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3897 LOBLOLLY BAY RD.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

3897 LOBLOLLY BAY RD.
LABELLE, FL 33935

New Mailing Address:

FEI Number: 22-2269611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, JOHN
26390 LOBLOLLY BAY RD
LABELLE, FL 33935 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: PRES
Name: CIANFRANI, JAMES
Address: 1582 GATE RD.
City-St-Zip: LABELLE, FL 33935

Title: VP
Name: THOMAS, WALTER
Address: 3897 LOBLOLLY BAY RD
City-St-Zip: LABELLE, FL 33935

Title: TREA
Name: WILLIAMSON, JOHN E
Address: 26390 LOBLOLLY BAY RD SW.
City-St-Zip: LABELLE, FL 33935

Title: SECR
Name: CIANFRANI, DIANE
Address: 1582 GATE RD
City-St-Zip: LABELLE, FL 33935

Title: D
Name: HEING, STEVEN
Address: 1395 S SWINGING TR
City-St-Zip: LABELLE, FL 33935

Title: D
Name: JOSHUN, MARCIA
Address: 2168 SILVER LAKE RD.
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: JAMES CIANFRANI PRES 04/09/2012

Electronic Signature of Signing Officer or Director — Date