

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 017 ****61.25

DOCUMENT # N93000003991

1. Entity Name
MUIRFIELD ASSOCIATION, INC.



Principal Place of Business
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US

Mailing Address
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US

60014510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3212289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, CHARLA J
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BASILE, MARIANNE	
STREET ADDRESS	2079 MUIR FIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SOUJOIN, LOUELLA	
STREET ADDRESS	1907 MUIR FIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANWORP, JUDSON	
STREET ADDRESS	1907 MUIRFIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	2067 MUIR FIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DISP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, ERIC	
STREET ADDRESS	1954 MUIR FIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	DISP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMAN, ELLIS	
STREET ADDRESS	1966 MUIRFIELD WAY	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES MOORE, PRES.