
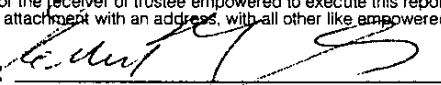


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 032 ****61.25

DOCUMENT # N93000003990 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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3212289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLDMAN, ERIC <input type="checkbox"/> Delete 1954 MUIR FIELD WAY OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HYMAN, ELLIS <input type="checkbox"/> Delete 1966 MUIRFIELD WAY OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANWORP, JUDSON <input type="checkbox"/> Delete 1907 MUIRFIELD WAY OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES <input type="checkbox"/> Delete 2067 MUIR FIELD WAY OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRISTENSEN, PEDER 2014 MUIRFIELD WAY OLDSMAR FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRAEMER, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1953 MUIRFIELD WAY OLDSMAR FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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:  3/27/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ellis Hyman, Treasurer Daytime Phone #					