2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9300003990 1. Entity Name MUIRFIELD ASSOCIATION, INC.							Secretary of State 03-29-2007 90021 032 ****61.25				
Principal Plac 3684 TAMPA STE 6 OLDSMAR, F	A RD	3684 T STE 6	Mailing Address 3684 TAMPA RD STE 6 OLDSMAR, FL 34677 US				1 10 8 11 10 10 10 10 10 10 10 10 10 10 10 10				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01082007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			,		4. FEI Numbe 59-3212				pplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate of	of Status Desire	ed 🔲	\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registered	Agent				7. Name and	Address of Ne	w Registered	Agent	
CALDDAI	TH CHARLA I				Name						
GALBRAITH, CHARLA J 3684 TAMPA RD STE 6					Street Ad	dress (I	P.O. Box Numbe	r is Not Accept	table)		
OLDSMAR	R, FL 34677										
					City				F		
	named entity submits this statement ions of registered agent.	tior the purpos	se of changing its	registere	ea office of i	register	ed agent, or bott	i, in the State o	officia. Ian	n tamiliar with,	and accept
SIGNATIONE .	Signature, typed or printed name of registered ag	ent and title if applic	able. (NOTE	: Registered	d Agent signatur	re required	when reinstating)		DATE		
JIGHATONE 2	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	ent and title if applic	9. Election Can Trust Fund C	npaign Fi	inancing	re required	\$5.00 May Be Added to Fees	,	,	ck payable t	
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Can	npaign Fi	inancing		\$5.00 May Be Added to Fees		Make che Florida Depa	ertment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25		9. Election Can	npaign Fi Contribution 11. TITLE NAME	inancing on. [\$5.00 May Be		Make che Florida Depa	ertment of S	tate
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indicated on this report of 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 preceiver 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 amprowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1115 Hyman Treasurer

Daytime Phone #