

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003990

FILED
Mar 29, 2009
Secretary of State

Entity Name: MUIRFIELD ASSOCIATION, INC.

Current Principal Place of Business:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3212289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 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: D () Delete
Name: GOLDMAN, ERIC A
Address: 1954 MUIR FIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: HYMAN, ELLIS P
Address: 1966 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: DVP () Delete
Name: PALMER, JAMES K
Address: 1953 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: PD () Delete
Name: MOORE, JAMES T
Address: 2067 MUIR FIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: CHRISTENSEN, PEDER A
Address: 2014 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: DT (X) Delete
Name: O'CONNER, TIMOTHY M
Address: 2127 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: FAIRMAN, NAN
Address: 1983 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: PALMER, JAMES K
Address: 1953 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change () Addition
Name: VAN WORP, JUDSON
Address: 1907 MUIR FIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDSON VAN WORP

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date