2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # N9600004332 1. Entity Name MUIRFIELD VILLAS OWNERS ASSOCIATION, INC.					04-20-2006 90169 022 ****61.25				
411 LOFTS DRIVE 41			talling Address 411 LOFTS DRIVE MELBOURNE, FL 32940						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apit. #, etc.		03282006	Chg-NP	CRZE037	(11/05)		
City & State		City & State		4. FEI Number 59-34997	744		<u> </u>	plied For t Applicable	
Ζφ	Country	Zip Cou		untry	5. Certificate of Status Desired Security Securi				
·	6. Name and Address of Curren	t Registered Agent		i	7. Name and Ac	tiress of New R	agistered A	pent .	
MECO CY	7.78A A	Name							
VEGO, SYLVIA A 411 LOFTS DRIVE MELBOURNE, FL 32940				Street Address	(P.O. Box Number i	s Not Acceptable	r)		
				City	Fig. Zip Code				
							FL	2	-
 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 Styrmown, speed or privated name of segunated agont and title if applicable. (NOTE: Registered Agent agrees experted when renationg) DATE									
Filing Fee is \$61.25 Due by May 1, 2008		3	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make check payable to Florida Department of State				
10.	OFFICERS AND 0	XRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICE	R\$ AND DIR	CTORS IN	10
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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

KTURE AND TYPED OR PRINTED JOINE OF SIGNING OFFICER OR DIRECTOR

4-17-06 Date

Daywe Phone #