

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006260

FILED
Apr 22, 2009
Secretary of State

Entity Name: MUIRFIELD AT THE RESERVE ASSOCIATION, INC.

Current Principal Place of Business:

9700 RESERVE BLVD.
PT. ST. LUCIE, FL 34986

New Principal Place of Business:

2140 NW RESERVE PARK TRACE.
PT. ST. LUCIE, FL 34986

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0837073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: WILLIAM K. ISAACSON

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAENSSON, BEN
Address: 8440 MUIRFIELD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: KOUL, JOHN
Address: 8432 MUIRFIELD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPS () Delete
Name: ALSTINE, JIM V
Address: 8320 MUIRFIELD
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: KOVAL, JOHN
Address: 8432 MUIRFIELD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPS (X) Change () Addition
Name: VAN ALSTINE, JIM
Address: 8320 MUIRFIELD
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: BEN JAENSSON

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date