

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90302 034 \*\*\*\*61.25

**DOCUMENT # N98000004591**

1. Entity Name

**MUIRFIELD VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

5980 WINSTON TRAILS BLVD  
LAKE WORTH FL 33463

Mailing Address

5980 WINSTON TRAILS BLVD  
LAKE WORTH FL 33463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0918488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAMB, BRUCE R  
CAMPBELL PROPERTY MGMT  
5980 WINSTON TRAILS BLVD  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

Colleen Cooney

Street Address (P.O. Box Number is Not Acceptable)

Campbell Property Management

5980 Winston Trails Blvd

City

Lake Worth

FL

Zip Code

33463

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

*(Signature) 4/4/06*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: EVP  
NAME: KELLY, TOM ☒ Delete  
STREET ADDRESS: 5727 MUIRFIELD VILLAGE CR.  
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: PD  
NAME: HILLER, HAROLD ☐ Delete  
STREET ADDRESS: 5582 MUIRFIELD VILLAGE CIRCLE  
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: T  
NAME: WELLMAN, NICHOLAS ☐ Delete  
STREET ADDRESS: 5714 MUIRFIELD CIRCLE  
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: VP  
NAME: SPATZIER, ROBERT ☒ Delete  
STREET ADDRESS: 5540 MUIRFIELD VILLAGE CIRCLE  
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: S  
NAME: TIRINO, PHILIP ☐ Delete  
STREET ADDRESS: 5738 MUIRFIELD VILLAGE CIR  
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: *(Signature) 4/4/06* ☐ Delete  
NAME: *(Signature)*  
STREET ADDRESS: *(Signature)*  
CITY-ST-ZIP: *(Signature)*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP ☐ Change ☒ Addition  
NAME: Hildenfeld, Bill  
STREET ADDRESS: 5522 MUIRFIELD VILLAGE CIRCLE  
CITY-ST-ZIP: LAKE WORTH, FL 33463

TITLE: EVP ☒ Change ☐ Addition  
NAME: *(Signature)*  
STREET ADDRESS: *(Signature)*  
CITY-ST-ZIP: *(Signature)*

TITLE: P ☒ Change ☐ Addition  
NAME: *(Signature)*  
STREET ADDRESS: *(Signature)*  
CITY-ST-ZIP: *(Signature)*

TITLE: T ☐ Change ☒ Addition  
NAME: Springer, Jim  
STREET ADDRESS: 5564 MUIRFIELD VILLAGE CIRCLE  
CITY-ST-ZIP: LAKE WORTH, FL 33463

TITLE: ☐ Change ☐ Addition  
NAME: *(Signature)*  
STREET ADDRESS: *(Signature)*  
CITY-ST-ZIP: *(Signature)*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*(Signature) PRES*

3/1/06 561.9652759