

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N99000004980

1. Entity Name

MUIRFIELD AT THE MARSH HOMEOWNERS
ASSOCIATION, INC.



**FILED
May 17, 2007 8:00 am
Secretary of State**

05-17-2007 90034 006 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address		
GULF VIEW PROPERTY MGMT 2335 9TH STREET N #505 NAPLES FL 34103		GULF VIEW PROPERTY MGMT 2335 9TH STREET N #505 NAPLES FL 34103	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GULF VIEW PROPERTY MANAGEMENT 2335 9TH STREET N #504 NAPLES FL 34103		Name _____ Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, BILL 8763 MUIRFIELD DR NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARGER, SUNNY 8752 MUIRFIELD DR NAPLES FL 34109	<input type="checkbox"/> Delete	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIADIS, STEVE 8817 MUIRFIELD DRIVE NAPLES FL 34109	<input type="checkbox"/> Delete	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKOBOICE, TIMOTHY 8799 MUIRFIELD DRIVE NAPLES FL 34109	<input checked="" type="checkbox"/> Delete	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowerments.

SIGNATURE: *John W. F. Marino, Pres.*

4-18-07

239-403-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #