

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

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

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

DOCUMENT # N99000004980

1. Entity Name

MUIRFIELD AT THE MARSH HOMEOWNERS
ASSOCIATION, INC.



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3650736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 PD ☐ Delete
NAME MARINO, BILL
STREET ADDRESS 8763 MUIRFIELD DR
CITY- ST- ZIP NAPLES FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ~~SD~~ ☐ Delete
NAME BARGER, SUNNY
STREET ADDRESS 8752 MUIRFIELD DR
CITY- ST- ZIP NAPLES FL 34109

TITLE ~~SD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ~~TD~~ ☐ Delete
NAME LIADIS, STEVE
STREET ADDRESS 8817 MUIRFIELD DRIVE
CITY- ST- ZIP NAPLES FL 34109

TITLE ~~TD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Delete
NAME JACKOBOICE, TIMOTHY
STREET ADDRESS 8799 MUIRFIELD DRIVE
CITY- ST- ZIP NAPLES FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W.F. MARINO, PRES. 4-19-07 239-403-7991