
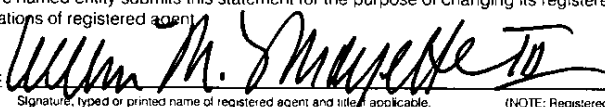
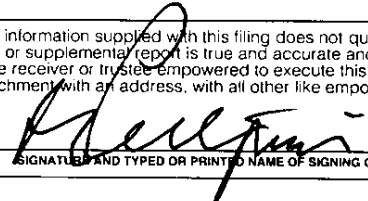


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90212 019 ****61.25

DOCUMENT # N99000006216 1. Entity Name MUIRFIELD VILLAGE AT GRASSLANDS CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 5600 U.S. HWY. 98 N SUITE 1 LAKELAND, FL 33809			Mailing Address P.O. BOX 92108 LAKELAND, FL 33804																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent HOPE, JONN D 225 E. LEMON STREET SUITE 300 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name William M. Midyette, III, Esq. Street Address (P.O. Box Number is Not Acceptable) 1611 Harden Boulevard City Lakeland FL Zip Code 33803																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 45%; text-align: right;"> 2.25.2008 <small>DATE</small> </div> </div>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MYERS, SALLY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 GRASSLANDS BLVD., UNIT #42</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">VD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PELLEGRINI, RICHARD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 GRASSLANDS BLVD., UNIT #62</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	MYERS, SALLY E		STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #42		CITY-ST-ZIP	LAKELAND, FL 33803		TITLE	VD	<input type="checkbox"/> Delete	NAME	PELLEGRINI, RICHARD L		STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #62		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	PD	<input checked="" type="checkbox"/> Delete																											
NAME	MYERS, SALLY E																												
STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #42																												
CITY-ST-ZIP	LAKELAND, FL 33803																												
TITLE	VD	<input type="checkbox"/> Delete																											
NAME	PELLEGRINI, RICHARD L																												
STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #62																												
CITY-ST-ZIP	LAKELAND, FL 33803																												
<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">SD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHMACTENBERG, LOIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 GRASSLANDS BLVD., UNIT #85</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Clayton, Jon M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 Grasslands Blvd., Unit #41</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland, FL 33803</td> <td></td> </tr> </table> </div> </div>						TITLE	SD	<input type="checkbox"/> Delete	NAME	SCHMACTENBERG, LOIS		STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #85		CITY-ST-ZIP	LAKELAND, FL 33803		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Clayton, Jon M.		STREET ADDRESS	1501 Grasslands Blvd., Unit #41		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	SD	<input type="checkbox"/> Delete																											
NAME	SCHMACTENBERG, LOIS																												
STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #85																												
CITY-ST-ZIP	LAKELAND, FL 33803																												
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Clayton, Jon M.																												
STREET ADDRESS	1501 Grasslands Blvd., Unit #41																												
CITY-ST-ZIP	Lakeland, FL 33803																												
<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">TD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAMPSON, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 GRASSLANDS BLVD., UNIT #21</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Pellegrini, Richard L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 Grasslands Blvd., #62</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland, FL 33803</td> <td></td> </tr> </table> </div> </div>						TITLE	TD	<input type="checkbox"/> Delete	NAME	SAMPSON, ROBERT		STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #21		CITY-ST-ZIP	LAKELAND, FL 33803		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pellegrini, Richard L.		STREET ADDRESS	1501 Grasslands Blvd., #62		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TD	<input type="checkbox"/> Delete																											
NAME	SAMPSON, ROBERT																												
STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #21																												
CITY-ST-ZIP	LAKELAND, FL 33803																												
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Pellegrini, Richard L.																												
STREET ADDRESS	1501 Grasslands Blvd., #62																												
CITY-ST-ZIP	Lakeland, FL 33803																												
<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHEPPARD, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 GRASSLANDS BLVD., UNIT #</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">VD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sheppard, John</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1501 Grasslands Blvd, #63</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland, FL 33803</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	SHEPPARD, JOHN		STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #		CITY-ST-ZIP	LAKELAND, FL 33803		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sheppard, John		STREET ADDRESS	1501 Grasslands Blvd, #63		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	<input type="checkbox"/> Delete																											
NAME	SHEPPARD, JOHN																												
STREET ADDRESS	1501 GRASSLANDS BLVD., UNIT #																												
CITY-ST-ZIP	LAKELAND, FL 33803																												
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Sheppard, John																												
STREET ADDRESS	1501 Grasslands Blvd, #63																												
CITY-ST-ZIP	Lakeland, FL 33803																												
<div style="display: flex;"> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> </div> </div>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													