

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006216

FILED
Apr 27, 2009
Secretary of State

Entity Name: MUIRFIELD VILLAGE AT GRASSLANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5600 U.S. HWY. 98 N
SUITE 1
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 92108
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-3610627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDYETTE, WILLIAM M III
1611 HARDEN BOULEVARD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAYTON, JON M
Address: 1501 GRASSLANDS BLVD., UNIT #41
City-St-Zip: LAKELAND, FL 33803

Title: PD () Delete
Name: RICHARD, PELLEGRINI L
Address: 1501 GRASSLANDS BLVD., #62
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: SCHMACTENBERG, LOIS
Address: 1501 GRASSLANDS BLVD., UNIT #85
City-St-Zip: LAKELAND, FL 33803

Title: TD () Delete
Name: SAMPSON, ROBERT
Address: 1501 GRASSLANDS BLVD., UNIT #21
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: SHEPPARD, JOHN
Address: 1501 GRASSLANDS BLVD, #63
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: CLAYTON, JON M
Address: 1501 GRASSLANDS BLVD., UNIT #41
City-St-Zip: LAKELAND, FL 33803

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

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

Title: D (X) Change () Addition
Name: CURTIS, WILLIAM
Address: 1210 LAKE POINTE DR S
City-St-Zip: LAKELAND, FL 33813

Title: VPD (X) Change () Addition
Name: SHEPPARD, JOHN
Address: 1501 GRASSLANDS BLVD, #63
City-St-Zip: LAKELAND, FL 33803

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: R. L. PELLEGRINI

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date