


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90080 044 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 725706**

1. Corporation Name  
**MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, I NC.**

Principal Place of Business  
 74-10A MYAKKA VALLEY TRAIL  
 PO BOX 21463  
 SARASOTA FL 34276-4463

Mailing Address  
 74-10A MYAKKA VALLEY TRAIL  
 PO BOX 21463  
 SARASOTA FL 34276-4463

578162 - 90003 - 16



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/02/1973	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1510999	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
		30		Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOCIO, WILLIAM 6641 COUNTRY RD SARASOTA FL 34241				81	Name		BARBARA VOEGELIN
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	5670 Howard Creek Rd		
				84	City	Sarasota, FL	85

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE: *Barbara Voegelin* Secy. DATE: *May 15, 1999*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALLACE, MICHAEL		1.2 NAME	Leslie Fortune			
STREET ADDRESS	6851 PRAIRIE JUNCTION TR		1.3 STREET ADDRESS	5240 Myakka Valley Tr			Sar. 34141
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	5246 Myakka Valley Tr	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	Sar. 34141
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. Pres.			
NAME	GOCIO, WILLIAM		2.2 NAME	Jame DeUnger			
STREET ADDRESS	6641 COUNTRY RD.		2.3 STREET ADDRESS	5670 Hoaward Creek Rd.			Sar. 34141
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEON, KEN		3.2 NAME	Barbara Voegelin			
STREET ADDRESS	5251 MYAKKA VALLEY TRAIL		3.3 STREET ADDRESS	5670 Hoaward Creek Rd.			Sar. 34141
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POUSO, SUSANA		4.2 NAME	Christine Schaefer			
STREET ADDRESS	5549 HOWARD CREEK RD		4.3 STREET ADDRESS	6862 Papago Rd.			Sar. FL 34241
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	SAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PITTMAN, BETTY		5.2 NAME				
STREET ADDRESS	5952 SHEPS ISLAND RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Linda Ferry	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, KATHRYN		6.2 NAME	6683 Old Ranch Rd.			
STREET ADDRESS	4834 MYAKKA VALLEY TR		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	Sarasota, FL 34241			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Voegelin* Secy. DATE: *5/15/99* (941) 921-6960

CR2E037 (11/98)