

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29872** (1)

1. Corporation Name

MYAKKA MOBILE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

**C/O WILLIAM R. KORP
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285**

**C/O WILLIAM R. KORP
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285-2479**



3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0082206** Applied For Not Applicable

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285**

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVKA, MARGARET		1.2 NAME	
STREET ADDRESS	9055 S TAMiami TRAIL #1		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES JOHNSON		2.2 NAME	
STREET ADDRESS	9055 S. TAMiami TRAIL # 37		2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLENBAKER, WILLIAM E		3.2 NAME	
STREET ADDRESS	9055 S. TAMiami TRAIL, #50		3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAGER, HENRY		4.2 NAME	
STREET ADDRESS	9055 S TAMiami TRAIL, #87		4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLA, BERNARD		5.2 NAME	
STREET ADDRESS	9055 S TAMiami TRAIL #39		5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ED		6.2 NAME	
STREET ADDRESS	9055 S TAMiami TRAIL #14		6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *William E Willenbacher* 4/9/97 941-421-4234

CP2E037 (9/96)