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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N29872

1. Corporation Name

MYAKKA MOBILE HOME OWNERS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/22/1988

4. FEI Number

65-0082206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SAVKA, MARGARET	
STREET ADDRESS	9055 S TAMiami TRAIL #1	
CITY-ST-ZIP	VENICE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHARLES JOHNSON	
STREET ADDRESS	9055 S. TAMiami TRAIL # 37	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLENBAKER, WILLIAM E	
STREET ADDRESS	9055 S. TAMiami TRAIL, #50	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, JULIA	
STREET ADDRESS	9055 TAMiami TRAIL #46	
CITY-ST-ZIP	VENICE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GINGERICH, ANDREW	
STREET ADDRESS	9055 S TAMiami TRAIL #3	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVKA, JOHN	
STREET ADDRESS	9055 TAMiami TRAIL #1	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES McGUIGAN	
1.3 STREET ADDRESS	9055 S TAMiami TRAIL #51	
1.4 CITY-ST-ZIP	VENICE FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAULINE DOUGLAS	
2.3 STREET ADDRESS	9055 S. TAMiami TRAIL #52	
2.4 CITY-ST-ZIP	VENICE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Willenbacher
WILLENBAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 941-429-9222
Date Daytime Phone #

CR2E037 (11/98)