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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725706** (6)

1. Corporation Name
MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC.

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1973	3a. Date of Last Report 07/26/1994
4. FEI Number 59-1510999	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WALLACE, MICHAEL
6651 PRAIRIE JUNCTION TR.
SARASOTA FL 34241**

10. Name and Address of New Registered Agent

81 Name William Gocio
82 Street Address (P.O. Box Number is Not Acceptable) 6641 Country Rd
83
84 City Sarasota FL
85 Zip Code 34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE William A. Gocio William A. Gocio Treasurer 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-12)	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WALLACE, MICHAEL 6651 PRAIRIE JUNCTION TR SARASOTA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T GOCIO, WILLIAM 6641 COUNTRY RD. SARASOTA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V ZABIK, MARK 6965 OLD RANCH RD SARASOTA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D DAVISON, PATSY 6850 MYAKKA VALLEY TR SARASOTA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PITTMAN, BETTY 5952 SHEPS ISLAND RD SARASOTA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S GRANT, ROSENSTEEL 6452 KICKAPOO RD. SARASOTA FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 A. Gocio William A. Gocio 4/27/95 813/924/9763