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Jun 09 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 # **725706** (6)

1. Corporation Name

**MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, I
NC.**



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

3. Date Incorporated or Qualified 03/02/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-1510999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GOCIO, WILLIAM 6641 COUNTRY RD SARASOTA FL 34241	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WALLACE, MICHAEL
STREET ADDRESS	6651 PRAIRIE JUNCTION TR
CITY-ST-ZIP	SARASOTA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GOCIO, WILLIAM
STREET ADDRESS	6641 COUNTRY RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ZABIK, MARK
STREET ADDRESS	6665 OLD RANCH RD
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVISON, PATSY
STREET ADDRESS	6650 MYAKKA VALLEY TR
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PITTMAN, BETTY
STREET ADDRESS	5952 SHEPS ISLAND RD
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GRANT, ROSENSTEEL
STREET ADDRESS	6452 KICKAPOO RD.
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ken Leon
3.3 STREET ADDRESS	5251 Myakka Valley Trail
3.4 CITY-ST-ZIP	Sarasota, FL 34241
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susana Pouso
4.3 STREET ADDRESS	5549 Howard Creek Rd.
4.4 CITY-ST-ZIP	Sarasota, FL 34241
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 checked="" type="checkbox"/> Addition
6.2 NAME	Kathryn Thompson
6.3 STREET ADDRESS	4834 Myakka Valley Tr.
6.4 CITY-ST-ZIP	Sarasota, FL 34241

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____

CR2E037 (9/96)