

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90111 031 ***61.25

DOCUMENT # 725706

1. Entity Name

MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, I

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1510999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOEGELIN, BARBARA
5670 HOWARD CREEK RD
SARASOTA FL 34241

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **FORTUNE, LESLIE**
 STREET ADDRESS **5240 MYAKKA VALLEY TR**
 CITY-ST-ZIP **SARASOTA FL 34141**

TITLE **R** Change Addition
 NAME **VOEGELIN BARBARA**
 STREET ADDRESS **5670 HOWARD CREEK RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **V** Delete
 NAME **DEUNGER, JAME**
 STREET ADDRESS **5246 MYAKKA VALLEY TR**
 CITY-ST-ZIP **SARASOTA FL 34141**

TITLE **V** Change Addition
 NAME **Linda FERRY**
 STREET ADDRESS **6083 OLD RANCH RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **S** Delete
 NAME **VOEGELIN, BARBARA**
 STREET ADDRESS **5670 HOWARD CREEK RD**
 CITY-ST-ZIP **SARASOTA FL 34141**

TITLE **S** Change Addition
 NAME **LAURA LAWSON**
 STREET ADDRESS **6675 OLD RANCH RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **T** Delete
 NAME **SCHAEFER, CHRISTINE**
 STREET ADDRESS **6862 PAPAGO RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PITTMAN, BETTY**
 STREET ADDRESS **5952 SHEPS ISLAND RD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME **PAUL WOLBERS**
 STREET ADDRESS **5550 MYAKKA VALLEY TR**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** Delete
 NAME **FERRY, LINDA**
 STREET ADDRESS **6683 OLD RANCH RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE Change Addition
 NAME **Lee DALTON**
 STREET ADDRESS **5125 COMBEE LANE**
 CITY-ST-ZIP **SARASOTA FL 34241**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Voegelin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA Voegelin 5/1/2000 941 921-6960
 Date Daytime Phone #

CR2E037 (9/99)