2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-28-2002 91705 035 ****61.25

DOCUMENT # 725706

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

KAHNE, WALTER F
5548 OLD RANCH ROAD
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name: LEE DALTON
Street Address (P.O. Box Number is Not Acceptable): 5125 COMBEE LANE
City: SARASOTA FL Zip Code: 34241

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: Lee Dalton
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAHNE, WALTER F 5548 OLD RANCH ROAD SARASOTA FL 34141	☒ Delete	P LEE DALTON 5125 COMBEE LANE SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERRY, LINDA 6683 OLD RANCH RD SARASOTA FL 34241	☒ Delete	V PAUL WOLBERS 5550 MYAKKA VALLEY TR. SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUTCHINSON, JERRY 5441 MYAKKA VALLEY TRAIL SARASOTA FL 34241	☒ Delete	SCharlotte Brodsky 6474 Kickapoo SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOEGRIN, BARBARA 5870 HOWARD CREEK ROAD SARASOTA FL 34241	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLBERS, PAUL 5550 MYAKKA VALLEY TR SARASOTA FL 34241	☒ Delete	D JERRY HUTCHINSON 5441 MYAKKA VALLEY TR. SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILLMORE, BRICE 5139 COMBEE LANE SARASOTA FL 34241	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 M. Voegrin 5/15/2002 941-921-5807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #