

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725706

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

7020 MYAKKA VALLEY TRAIL  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

74-10A MYAKKA VALLEY TRAIL  
PO BOX 21463  
SARASOTA, FL 34276

**New Mailing Address:**

P. O. BOX 21463  
SARASOTA, FL 34276

**FEI Number:** 59-1510999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGKINSON, DAVID  
7020 MYAKKA VALLEY TRAIL  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: VIZZI, JACKIE  
Address: 5537 OLD RANCH ROAD  
City-St-Zip: SARASOTA, FL 34241

Title: T ( ) Delete  
Name: FLEURY, THOMAS  
Address: 4910 W. MYAKKA VALLEY TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: S ( ) Delete  
Name: BURGER, BEVERLY  
Address: 6118 HUPA  
City-St-Zip: SARASOTA, FL 34241

Title: P ( ) Delete  
Name: DAVID, HODGKINSON  
Address: 7020 MYAKKA VALLEY TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: STRIKE, ALICE  
Address: 6355 SINGLETREE TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: HOUSTON, DEBORAH  
Address: 5987 SHEPS ISLAND RD  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS Q. FLEURY

T

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date