

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90148 022 ****61.25

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DOCUMENT # 725706

1. Entity Name

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



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**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DALTON, LEE
5125 COMBEE LANE
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DALTON, LEE	
STREET ADDRESS	5125 COMBEE LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLBERS, PAUL	
STREET ADDRESS	5550 MYAKKA VALLEY TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRODSKY, CHARLOTTE	
STREET ADDRESS	6474 KICKAPOO	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> Delete
NAME	VOEGRIN, BARBARA	
STREET ADDRESS	5670 HOWARD CREEK ROAD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JERRY	
STREET ADDRESS	5441 MYAKKA VALLEY TR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILLMORE, BRICE	
STREET ADDRESS	5139 COMBEE LANE	
CITY-ST-ZIP	SARASOTA FL 34241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/30/03

941 921 5807

CR2E037 (10/02)