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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725706 (6)
1. Corporation Name
MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC.

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

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 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1973 3a. Date of Last Report 07/26/1994
4. FEI Number 59-1510999 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WALLACE, MICHAEL
6651 PRAIRIE JUNCTION TR.
SARASOTA FL 34241

10. Name and Address of New Registered Agent
81 Name William Gocio
82 Street Address (P.O. Box Number is Not Acceptable) 6641 Country Rd
83
84 City Sarasota FL 85 Zip Code 34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE William A. Gocio William A. Gocio Treasurer 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-12)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, MICHAEL	12 NAME	
STREET ADDRESS	6651 PRAIRIE JUNCTION TR	13 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	GOCIO, WILLIAM	22 NAME	
STREET ADDRESS	6641 COUNTRY RD.	23 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	24 CITY, ST, ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ZABIK, MARK	32 NAME	
STREET ADDRESS	6965 OLD RANCH RD	33 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DAVISON, PATSY	42 NAME	
STREET ADDRESS	6850 MYAKKA VALLEY TR	43 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, BETTY	52 NAME	
STREET ADDRESS	5952 SHEPS ISLAND RD	53 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	54 CITY, ST, ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	GRANT, ROSENSTEEL	62 NAME	
STREET ADDRESS	6452 KICKAPOO RD.	63 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: William A. Gocio William A. Gocio 4/27/95 813/924/9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR