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

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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORTUNE, LESLIE 5240 MYAKKA VALLEY TR SARASOTA FL 34141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. LOEGELIN BARBARA 5670 HOWARD CREEK Rd SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEUNGER, JAME 5246 MYAKKA VALLEY TR SARASOTA FL 34141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. LINDA FERRY 6683 OLD RANCH Rd SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOEGELIN, BARBARA 5670 HOWARD CREEK RD SARASOTA FL 34141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. LAURA LAWSON 6675 OLD RANCH Rd SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHAEFER, CHRISTINE 6862 PAPAGO RD SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTMAN, BETTY 5952 SHEPS ISLAND RD SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL WOLBERS 5550 MYAKKA Valley TR SARASOTA FL 34241	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRY, LINDA 6683 OLD RANCH RD SARASOTA FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lee DALTON 5125 COMBEE LANE SARASOTA FL 34241	☒ Change ☐ Addition

CR2E037 (9/99)

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 W. Voegelin BARBARA Voegelin 5/1/200 941 921-6960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #