2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90082 011 ****61.25

DOCUMENT # 725706

1. Entity Name
MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, INC.

14000440

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

02242004 Chg-NP CR2E037 (10/03)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALTON, LEE 5125 COMBEE LANE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LABSAN, HERMIE 6386 SINGLETREE TRAIL SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOLBERS, PAUL 5550 MYAKKA VALLEY TR SARASOTA, FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. RICHARD FELLOWS 6590 OLD RANCH ROAD SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRODSKY, CHARLOTTE 6474 KICKAPOO SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALICE STRIKE 6355 SINGLETREE TRAIL SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOEGRIN, BARBARA 5670 HOWARD CREEK ROAD SARASOTA, FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GINA PIETCH 6466 KICKAPOO SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHINSON, JERRY 5441 MYAKKA VALLEY TR SARASOTA, FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILLMORE, BRICE 5139 COMBEE LANE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

941-927

SIGNATURE: X Lee Dalton X3-17-04 2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #