2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 725706

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