


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

02-01-2005 90032 034 ****61.25

DOCUMENT # 735910
 1. Entity Name
MYAKKA PINES GOLF CLUB OF ENGLEWOOD, INC.



Principal Place of Business Mailing Address
 2550 S. RIVER RD (34223) ENGLEWOOD FL 34295
 P. O. BOX 126 ENGLEWOOD FL 34295

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 **59-1735073** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

66003198



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
HOERGER, WILLIAM
4952 LAUREL HILL DR
VENICE FL 34293

7. Name and Address of New Registered Agent
 Name **Richard Marker**
 Street Address (P.O. Box Number is Not Acceptable) **4946 Summer Tree Rd.**
Venice, FL 34293
 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 *Richard Marker* **Richard Marker, Secretary** **1/25/2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 FILE NOW. FEE IS \$61.25 Due By May 1, 2005
 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	PD JUDY, DONALD PO BOX 126 ENGLEWOOD FL 34295 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Dominic Garruto P.O. Box 126, Eng., FL 34295 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARLES, JOHN PO BOX 126 ENGLEWOOD FL 34295 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. John Long P.O. Box 126, Eng., FL 34295 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREECE, CONNIE P.O. BOX 126 ENGLEWOOD FL 34295 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Richard Marker P.O. Box 126, Eng., FL 34295 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, CHESTER 2550 S RIVER RD PO BOX 126 ENGLEWOOD FL 34295 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Joseph Repetto P.O. Box 126, Eng., FL 34295 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Dominic Garruto* **Dominic Garruto, Pres.** **1/25/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #