


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **746896** (0)
1. Corporation Name
MIAKKA COMMUNITY CLUB, INC.

Principal Place of Business 15800 WILSON RD. SARASOTA FL 34240	Mailing Address 15800 WILSON RD. SARASOTA FL 34240
--	--



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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/25/1979	Applied For
4. FEI Number 59-2719320	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MUSTICO, LINDA L
2509 LENA LANE
SARASOTA FL 34240**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Linda L Mustico* **2/9/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, KATHY
STREET ADDRESS	3101 LENA LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HOMNER, BARBARA
STREET ADDRESS	OLD MIAKKA RD
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DUGGAR, MAURIE
STREET ADDRESS	551 MYAKKA RD
CITY-ST-ZIP	SARASOTA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SUMNER, TIM
STREET ADDRESS	MURPHY RD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Homner, Barbara
2.3 STREET ADDRESS	1816 Old Miakka Rd
2.4 CITY-ST-ZIP	Sarasota, Florida 34240
3.1 TITLE	VP "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUGGAN, MAURIE
3.3 STREET ADDRESS	551 Miakka Rd
3.4 CITY-ST-ZIP	Sarasota, FL 34240
4.1 TITLE	Secretary "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sumner, Tim
4.3 STREET ADDRESS	14880 Murphy Road
4.4 CITY-ST-ZIP	Sarasota, FL 34240
5.1 TITLE	President "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bar Salem, Barbara
5.3 STREET ADDRESS	15600 Hancock Rd
5.4 CITY-ST-ZIP	Sarasota FL 34240
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Barbara Salem* Pres **2-25-98** **341-322-2236**

CR2E037 (10/97)