

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90042 001 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746896

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/25/1979

4. FEI Number

59-2719320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALEM, BARBARA
STREET ADDRESS 15600 HANCOCK RD
CITY-ST-ZIP SARASOTA FL 34240
☒ DELETE

TITLE TD
NAME HOMNER, BARBARA
STREET ADDRESS 1816 OLD MIAKKA RD
CITY-ST-ZIP SARASOTA FL 34240
☐ DELETE

TITLE VPD
NAME DUGGAN, MAURIE
STREET ADDRESS 551 MIAKKA RD
CITY-ST-ZIP SARASOTA FL 34240
☐ DELETE

TITLE SD
NAME SUMNER, TIM
STREET ADDRESS 14880 MURPHY RD
CITY-ST-ZIP SARASOTA FL 34240
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE PD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE SD
5.2 NAME Coury, Fred
5.3 STREET ADDRESS 651 Myakka Rd
5.4 CITY-ST-ZIP Sarasota FL 34240
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Maurie A. Duggan 3-3-99 941-322-1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)