2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2004
Secretary of State

DOCUMENT# 746896

Entity Name: MIAKKA COMMUNITY CLUB, INC.

Current Principal Place of Business:

15800 WILSON RD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

15800 WILSON RD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-2719320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSTICO, LINDA L
2509 LENA LANE
SARASOTA, FL 34240 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: VPD ( ) Delete
Name: BLACKBURN, JEAN
Address: 700 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: TD ( ) Delete
Name: HOMNER, BARBARA
Address: 1816 OLD MIAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: PD ( ) Delete
Name: DUGGAN, MAURIE
Address: 551 MIAKKA RD
City-St-Zip: SARASOTA, FL 34240

Title: SD ( ) Delete
Name: COURY, FRED
Address: 651 MYAKKA RD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: RICHARDSON, ELLEN
Address: 16150 MANESS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: LANDER, BOBBIE
Address: 1146 LENA LANE
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA HOMNER TD 02/08/2004

Electronic Signature of Signing Officer or Director — Date