2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746896

FILED Jul 08, 2005 Secretary of State

Entity Name: MIAKKA COMMUNITY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

15800 WILSON RD. SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

15800 WILSON RD. SARASOTA, FL 34240

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUSTICO, LINDA L AYECH, BECKY L 2509 LENA LANE 421 VERNA ROAD

SARASOTA, FL 34240 US SARASOTA, FL 34240 US

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: BECKY AYECH 07/08/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD () Delete Title: PD (X) Change () Addition

 Name:
 RICHARDSON, ELLEN
 Name:
 AYECH, BECKY

 Address:
 16150 MANESS ROAD
 Address:
 421 VERNA RD

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34240

Title: TD () Delete Title: () Change () Addition

 Name:
 HOMNER, BARBARA
 Name:

 Address:
 1816 OLD MIAKKA RD
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 DUGGAN, MAURIE
 Name:
 LANDER, WALTER

 Address:
 551 MIAKKA RD
 Address:
 1146 LENA LANE

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34240

Title: SD () Delete Title: () Change () Addition

 Name:
 LANDER, BOBBIE
 Name:

 Address:
 1146 LENA LANE
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

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 TREA 07/08/2005