

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 746896

1. Entity Name
MIAKKA COMMUNITY CLUB, INC.



Principal Place of Business
**15800 WILSON RD.
SARASOTA, FL 34240**

Mailing Address
**15800 WILSON RD.
SARASOTA, FL 34240**



02242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYECH, BECKY L
421 VERNA ROAD
SARASOTA, FL 34240**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AYECH, BECKY
STREET ADDRESS 421 VERNA RD
CITY-ST-ZIP SARASOTA, FL 34240

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

TITLE VPD
NAME LANDER, WALTER
STREET ADDRESS 1146 LENA LANE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE SD
NAME LANDER, BOBBIE
STREET ADDRESS 1146 LENA LANE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000451759
03/10/06-80067-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2006

Date

941-342-3534

Daytime Phone #