


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N01000005054 |  |
| 1. Entity Name WESTWOOD BY MYAKKA VALLEY IMPROVEMENT ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 7235 WESTWOOD CT SARASOTA, FL 34241 | Mailing Address 7235 WESTWOOD CT SARASOTA, FL 34241 |
|---|---|

DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

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|---|-----------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HACKINGS, DIANE
7250 WESTWOOD CT
SARASOTA, FL 34241

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HACKNESS, DIANE 7250 WESTWOOD CT SARASOTA, FL 34241 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FITZWATER, THOMAS M 7034 WESTWOOD DR SARASOTA, FL 34241 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DONALDSON, ERIC 7284 WESTWOOD CT SARASOTA, FL 34241 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T WELLS, JEFFREY W 7294 WESTWOOD CT SARASOTA, FL 34241 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000748784
05/17/07-80082-006 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: Jeffrey W. Wells **JEFFREY W. WELLS** 4/27/07 941-812-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #