

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 21, 2008 8:00 am
Secretary of State**

07-21-2008 90031 005 ****61.25

DOCUMENT # N01000005054

1. Entity Name
WESTWOOD BY MYAKKA VALLEY IMPROVEMENT
ASSOCIATION, INC.



Principal Place of Business
7235 WESTWOOD CT
SARASOTA, FL 34241

Mailing Address
7235 WESTWOOD CT
SARASOTA, FL 34241

2. Principal Place of Business - No P.O. Box #
7250 WESTWOOD CT

3. Mailing Address
7250 WESTWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

40111746



07162008 Chg-NP CR2E037 (12/06)

Zip

34241

Country

SARASOTA

Zip

34241

Country

SARASOTA

6. Name and Address of Current Registered Agent

HACKINGS, DIANE
7250 WESTWOOD CT
SARASOTA, FL 34241

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HACKNESS, DIANE 7250 WESTWOOD CT SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZWATER, THOMAS M 7034 WESTWOOD DR SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALDSON, ERIC 7284 WESTWOOD CT SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLS, JEFFREY W 7294 WESTWOOD CT SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/08 941.922.9357
Date Daytime Phone #

Eric L. Donaldson