

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009758

FILED  
Oct 05, 2007  
Secretary of State

Entity Name: MYAKKA COUNTRY HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

10 KIMBERLY DRIVE  
VENICE, FL 34293 US

## New Principal Place of Business:

## Current Mailing Address:

10 KIMBERLY DRIVE  
VENICE, FL 34293 US

## New Mailing Address:

FEI Number: 37-1498565      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:

LAIPPLY, HOPE  
10 KIMBERLY DRIVE  
VENICE, FL 34293 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: HOPE LAIPPLY

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROMANOSKI, AMY P  
Address: 3 RIVERFRONT CT  
City-St-Zip: VENICE, FL 34293 US

Title: D ( ) Delete  
Name: WILLIS, RONALD G  
Address: 8 KIMBERLY DRIVE  
City-St-Zip: VENICE, FL 34293 US

Title: VPD ( ) Delete  
Name: HILL, ROBERT  
Address: 15 RIVERFRONT DR  
City-St-Zip: VENICE, FL 34293 US

Title: D ( ) Delete  
Name: LOTH, NEAL  
Address: 38 RIVERFRONT DRIVE  
City-St-Zip: VENICE, FL 34293 US

Title: D ( ) Delete  
Name: DIGNAZIO, RICHARD  
Address: 2 RIVERFRONT CT.  
City-St-Zip: VENICE, FL 34293 US

Title: TRES ( ) Delete  
Name: GOOD, DEBRA  
Address: 36 RIVERFRONT DR  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARCIA WOELFFER

SEC

10/05/2007

Electronic Signature of Signing Officer or Director

Date