

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 028 ****61.25

DOCUMENT # N04000009758					
1. Entity Name MYAKKA COUNTRY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10 KIMBERLY DRIVE VENICE, FL 34293 US			Mailing Address 10 KIMBERLY DRIVE VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 37-1498565	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAIPPLY, HOPE 10 KIMBERLY DRIVE VENICE, FL 34293			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			DATE 15 Apr 08		
Filing Fee is \$81.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANOSKI, AMY P 3 RIVERFRONT CT VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Romanoski, Mike 3 Riverfront Ct Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, RONALD G 8 KIMBERLY DRIVE VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Rich, Matt 33 Riverfront Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILL, ROBERT 15 RIVERFRONT DR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Bartelme, Rich 38 Riverfront Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTH, NEAL 38 RIVERFRONT DRIVE VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woelffer, Mike 22 Riverfront Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNAZIO, RICHARD 2 RIVERFRONT CT. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Woelffer, Marcia 22 Riverfront Dr Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GOOD, DEBRA 36 RIVERFRONT DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Woelffer, Marcia 22 Riverfront Dr Venice, FL 34293
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:			DATE 4-8-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 944-423-1688		