

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29872 (1)

1. Corporation Name

MYAKKA MOBILE HOME OWNERS, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM R. KORP
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

C/O WILLIAM R. KORP
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
03/17/1995

4. FEI Number

65-0082206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE
NAME SAVKA, MARGARET
STREET ADDRESS 9055 S TAMiami TRAIL #1
CITY-ST-ZIP VENICE FL

TITLE DP ☐ DELETE
NAME CHARLES JOHNSON
STREET ADDRESS 9055 S. TAMiami TRAIL # 37
CITY-ST-ZIP VENICE FL

TITLE DT ☐ DELETE
NAME WILLENBAKER, WILLIAM E
STREET ADDRESS 9055 S. TAMiami TRAIL, #50
CITY-ST-ZIP VENICE FL

TITLE D ☐ DELETE
NAME SHEILA ELLIS
STREET ADDRESS 9055 S. TAMiami TRAIL # 62
CITY-ST-ZIP VENICE FL

TITLE D ☐ DELETE
NAME BOLA, BERNARD
STREET ADDRESS 9055 S TAMiami TRAIL #39
CITY-ST-ZIP VENICE FL

TITLE DV ☐ DELETE
NAME MILLER, ED
STREET ADDRESS 9055 S TAMiami TRAIL #14
CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DV ☐ Change ☒ Addition
4.2 NAME SWAGER, HENRY
4.3 STREET ADDRESS 9055 S. TAMiami TRAIL # 67
4.4 CITY-ST-ZIP VENICE FL

5.1 TITLE DS ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DP ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

Date

941-426-4234

Daytime Phone #

CR2E037 (12/95)