

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29872** (1)
1. Corporation Name
MYAKKA MOBILE HOME OWNERS, INC.

Principal Place of Business C/O WILLIAM R. KOPF 333 SOUTH TAMiami TRAIL . SUITE 100 VENICE FL 34285	Mailing Address C/O WILLIAM R. KOPF 333 SOUTH TAMiami TRAIL . SUITE 100 VENICE FL 34285
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 12/22/1988	4. FEI Number 65-0082206	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KOPF, WILLIAM R. 333 SOUTH TAMiami TRAIL SUITE 100 VENICE FL 34285	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVKA, MARGARET	1.2 NAME	
STREET ADDRESS	9055 S TAMiami TRAIL #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES JOHNSON	2.2 NAME	
STREET ADDRESS	9055 S. TAMiami TRAIL # 37	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLENBAKER, WILLIAM E	3.2 NAME	
STREET ADDRESS	9055 S. TAMiami TRAIL, #50	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAGER, HENRY	4.2 NAME	JULIA SCOTT
STREET ADDRESS	9055 S TAMiami TRAIL, #67	4.3 STREET ADDRESS	9055 TAMiami TRAIL #46
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE FL
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLA, BERNARD	5.2 NAME	ANDREW GINGERICH
STREET ADDRESS	9055 S TAMiami TRAIL #39	5.3 STREET ADDRESS	9055 S TAMiami TRAIL #3
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE FL
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ED	6.2 NAME	JOHN SAVKA
STREET ADDRESS	9055 S TAMiami TRAIL #14	6.3 STREET ADDRESS	9055 TAMiami TRAIL #1
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	VENICE FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 4/22/98 941-426-4234

CR2E037 (10/97)