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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48572** (4)
1. Corporation Name
EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2801 FRUITVILLE RD., STE. 150 SARASOTA FL 34237-5367 US	Mailing Address 2801 FRUITVILLE RD., STE. 150 SARASOTA FL 34237-5301 US
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3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 3900 Clark Road Suite, Apt. #, etc 22 Suite L-1 City & State 23 Sarasota, FL 34233 Zip 24 US	2a. Mailing Address 26 3900 Clark Road Suite, Apt. #, etc 27 Suite L-1 City & State 28 Sarasota, FL 34233 Zip 29 US
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4. FEI Number 65-0333679	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOMBER, HARLAN R
2801 FRUITVILLE RD.
SUITE 150
SARASOTA FL 34237-5367**

10. Name and Address of New Registered Agent 81 Name Domber, Harlan R. 82 Street Address (P.O. Box Number is Not Acceptable) 3900 Clark Road 83 Suite L - 1 84 City Sarasota, FL 85 Zip Code 34233

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD GREENER, GLENNA M 10400 S TAMiami TRAIL, LOT #55 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VD REYNOLDS, ROBERT J 10400 S. TAMiami TRAIL, LOT #45 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD LANNING, JEAN 1004 S TAMiami TRAIL, LOT #43 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	TD HELLER, LOUIS 10400 S. TAMiami TRAIL, LOT #46 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	ATD BELL, FRANK 10400 S. TAMiami TRAIL LOT #16 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D BARRICK, KEN 10400 S. TAMiami TRAIL, LOT #30 VENICE FL
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD HAGGAN, E. J.
2.3 STREET ADDRESS	10400 S. TAMiami TRAIL, LOT 53
2.4 CITY - ST - ZIP	VENICE, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD REYNOLDS, ROBERT J
4.3 STREET ADDRESS	10400 S. TAMiami TRAIL, LOT #45
4.4 CITY - ST - ZIP	VENICE, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D BARRICK, DELL
6.3 STREET ADDRESS	10400 S. TAMiami TRAIL, LOT #30
6.4 CITY - ST - ZIP	VENICE, FL

14. I do 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: Glenna M. Greener Glenna M. Greener 3/17/97 941-426-7454 or 419-836-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063367

CR2E037 (9/96)

Corporation Annual Report - 1997
East Myakka Village Homeowners Association, Inc.
Document # N48572

12. Continued:

Additional Director: ☒ Change
HELLER, LOUIS
10400 S. TAMiami TRAIL, LOT #46
VENICE, FL