


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90156 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # N48572			
1. Corporation Name EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3900 CLARK ROAD STE L-1 SARASOTA FL 34233 US		Mailing Address 3900 CLARK ROAD STE L-1 SARASOTA FL 34233 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/28/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0333679	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DOMBER, HARLAN R 3900 CLARK ROAD STE L-1 SARASOTA FL 34233				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VDAT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENER, GLENNA M			1.2 NAME	LANNING, JEAN		
STREET ADDRESS	10400 S TAMiami TRAIL LOT 29			1.3 STREET ADDRESS	10400 S. TAMiami TRAIL LOT 42		
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP	VENICE, FL 34287		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAGGAN, E.J.			2.2 NAME	SHOLL, WILLIAM, JR.		
STREET ADDRESS	10400 S TAMiami TRAIL LOT 31			2.3 STREET ADDRESS	10400 S. TAMiami TRAIL LOT 10		
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP	VENICE, FL 34287		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANNING, JEAN			3.2 NAME			
STREET ADDRESS	10400 S TAMiami TRAIL LOT 42			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HELLER, LOUIS			4.2 NAME	HARTMAN, LOUIS		
STREET ADDRESS	10400 S TAMiami TRAIL LOT 39			4.3 STREET ADDRESS	10400 S. TAMiami TRAIL LOT 37		
CITY-ST-ZIP	VENICE FL			4.4 CITY-ST-ZIP	VENICE, FL 34287		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BART, AGNES			5.2 NAME			
STREET ADDRESS	10400 S TAMiami TRAIL LOT 66			5.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRICK, DELL			6.2 NAME			
STREET ADDRESS	10400 SO TAMiami TRAIL LOT 30			6.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Jean Lanning* President April 26, 1999 (419) 352-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0067545