

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48572

1. Entity Name

EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90068 031 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
3900 CLARK ROAD      3900 CLARK ROAD  
STE L-1      STE L-1  
SARASOTA FL 34233      SARASOTA FL 34233-2375  
US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
65-0333679      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMBER, HARLAN R  
3900 CLARK ROAD  
STE L-1  
SARASOTA FL 34233

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.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution.      ☐

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHOLL, WILLIAM JR	
STREET ADDRESS	10400 S TAMiami TR LOT 10	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAGGAN, E.J.	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 31	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANNING, JEAN	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 42	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTMAN, LOUIS	
STREET ADDRESS	10400 S TAMiami TR LOT 37	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	BART, AGNES	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 66	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRICK, DELL	
STREET ADDRESS	10400 SO TAMiami TRAIL LOT 30	
CITY-ST-ZIP	VENICE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lambert, Ralph	
STREET ADDRESS	10400 Tamiami Trail Lot 7	
CITY-ST-ZIP	Venice, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, Frank	
STREET ADDRESS	10400 Tamiami Trail Lot 70	
CITY-ST-ZIP	Venice, FL 34287	

12. 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 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: JEAN LANNING PRESIDENT      Jean Lanning April 3 2000      352-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)