

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48572

1. Entity Name

EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90087 015 ****61.25

0075442

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0333679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHOLL, WILLIAM JR	
STREET ADDRESS	10400 S TAMIA MI TR LOT 10	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMBERT, RALPH	
STREET ADDRESS	10400 TAMIA MI TRAIL LOT 7	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANNING, JEAN	
STREET ADDRESS	10400 S TAMIA MI TRAIL LOT 42	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTMAN, LOUIS	
STREET ADDRESS	10400 S TAMIA MI TR LOT 37	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	BART, AGNES	
STREET ADDRESS	10400 S TAMIA MI TRAIL LOT 66	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, FRANK	
STREET ADDRESS	10400 TAMIA MI TRAIL LOT 70	
CITY-ST-ZIP	NORTH PORT FL 34287	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLL, WILLIAM JR	
STREET ADDRESS	10400 S. TAMIA MI TR LOT 10	
CITY-ST-ZIP	VENICE, FL 34287	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORELLI, HERMAN	
STREET ADDRESS	10400 S. TAMIA MI TR LOT 27	
CITY-ST-ZIP	VENICE, FL, 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, IMOGENE	
STREET ADDRESS	10400 S. TAMIA MI TR LOT 71	
CITY-ST-ZIP	VENICE, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, EB	
STREET ADDRESS	10400 S. TAMIA MI TR LOT 61	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/01 (941) 426-0292

CR2E037 (10/00)